

**Kehilla Residential Programme  
Jewish Community Rental Assistance Program  
Application Form**

Please complete the form below in its entirety and return to Kehilla Residential Programme by email ([info@kehilla.ca](mailto:info@kehilla.ca)), fax at 647-797-4577, or by mail to Kehilla Residential Programme: 525 Lawrence Avenue W. Toronto, ON M6A 3E1

Date of Application:	
<b>Personal Information</b>	
Name of Applicant:	
Current Address (Number & Street):	
City/Province/Postal Code:	
Daytime Telephone Number:	
Email Address:	
Date of Birth (DD/MM/YYYY):	
<b>Other Applicant (s) (spouse and/or co-applicant) Personal Information</b>	
Name:	
Date of Birth (DD/MM/YYYY):	
Relationship to applicant:	
<b>Children</b>	
Please indicate names and date of birth of children as co-applicants (DD/MM/YYYY)	
<b>Alternate Contact</b>	
Name:	
Daytime Phone Number:	
Cell Phone:	
Relationship:	
<b>Current Housing Information</b>	
Landlord Name:	
Contact Information (telephone):	

Number of Bedrooms in current apartment:	
Present monthly rent cost:	
Are utilities included? (y/n):	
If utilities are not included, please indicate monthly cost:	
Do you pay for parking? (y/n):	
If yes, please indicate monthly cost:	
Total Housing Costs including utilities and parking:	

## Household Income

Please complete the chart below indicating the source of funds.

Source of Income	Gross Monthly Amount
Employment	\$
Social Assistance (Ontario Works, Ontario Disability Support Program)	\$
Community Assistance, please list  (Jewish Family & Child Service, JIAS, Bikur Cholim etc)	\$
Old Age Security (all sources – Canada Pension Plan, Old Age Security, Supplement)	\$
Other include HST refund and child tax credit or specify	\$

**Please provide us with any additional details about your housing situation:**

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**The documents below are required to confirm your eligibility. They are NOT NEEDED to be added to the waiting list but will be requested once your name comes to the top of the list. Please note that applications will not be approved without the required supporting documentation.**

- Recent Notice of Assessment from Canada Revenue Agency
- Proof of Income (only provide what is applicable to you)
  - Employment: 6 current pay stubs
  - Social Assistance (ODSP/OW): current month cheque stub
  - Community Assistance: please provide confirmation from delivery agency
  - Old Age Security: please provide a current month cheque stub or indicate on Bank statement direct deposit
- Bank statements for the most recent 3 months (90 consecutive days), clearly annotating rent paid each month and income
- Copy of Lease or Current Rent Increase Notice
- 3 months of utility bills (water, gas, electricity) if applicable

<b>Referral Information</b>	
Referring Agency:	
Worker's Name:	
Telephone Number:	
Email Address:	
Comments (if any):	

## How did you hear about us?

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### Consent to Release of Information:

I understand that by signing this application, I am consenting to the release of the personal and financial information contained in this application to the Kehilla Residential Program for the purposes of being considered for assistance from the Jewish Community Rental Assistance Program and for allowing ongoing communication to occur between the referring agency if applicable (check referring agency) or any other government body as well as any family members. Please check all that apply

- Jewish Family and Child
  - JIAS (Jewish Immigrant Aid Services) TORONTO
  - Circle of Care
  - ODSP/Ontario Works
  - Other (includes family member please indicate name and relationship)
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date