

Dedicated Holocaust Survivor Rental Assistance Program Application Form

Please complete the form below in its entirety and return to Kehilla Residential Programme one of the following ways:

- by email at info@kehilla.ca
- by fax at 647-797-4577
- By regular mail:

Kehilla Residential Programme
525 Lawrence Avenue West – Main Floor Office
Toronto, ON M6A 3E1

Note that due to COVID-19 we are not currently accepting applications in person. If you have any questions about the application process please call Marla Rotsztain at 647-484-4446 and we will be happy assist you.

| | |
|--|--|
| Date of Application: | |
| Personal Information | |
| Name of Applicant: | |
| Current Address (Number & Street): | |
| City/Province/Postal Code: | |
| Daytime Telephone Number: | |
| Email Address: | |
| Date of Birth (DD/MM/YYYY): | |
| Other Applicant (s) (spouse and/or co-applicant) Personal Information | |
| Name: | |
| Date of Birth (DD/MM/YYYY): | |
| Relationship to applicant | |

| | |
|--|------------------------|
| City & Country of Birth: | |
| Place of residence prior to September 1939: | |
| Location during the period September 1939 to April 1945 | |
| Are you receiving or have you ever received compensation/restitution? If yes, please provide us with your fund name and claim number. | Yes or No (circle one) |
| Alternate Contact | |
| Name: | |
| Daytime Phone Number: | |
| Cell Phone: | |
| Relationship: | |
| Current Housing Information | |
| 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 or specify , including support from family | \$ |

The following is for KRP staff use only

Total Monthly income \$ _____ Total Annual Income \$ _____

35% monthly rent amount \$ _____ Estimated monthly assistance \$ _____

Proof of income is required. Please provide the following documentation as indicated below:

- 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: current month cheque stub and drug card
 - 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 all bank accounts for the past 3 months
- Copy of current Lease or Current Rent Increase Notice
- 3 months of utility bills (gas, water, electricity) if applicable

Please note that applications will not be processed without the required supporting documentation.

| Referral Information | |
|-----------------------------|--|
| Referring Agency: | |
| Worker's Name: | |
| Telephone Number: | |
| Email Address: | |
| Comments (if any): | |

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
 - Bernard Betel Centre for Creative Living
 - Jewish Russian Community C
 - ODSP/Ontario Works
 - Other (includes family member please indicate name and relationship)
-

Signature

Date

Signature

Date

Witness Signature

Date