Low Income Application for Special Supports Funding

If you have internet access and an email address, please use the online application at SpecialSupportsBenefits.hamilton.ca. This will provide you with automatic updates on the status of your request.

If you do not have an email account, please complete this paper application and follow Step 6 for submission instructions. For help completing this form, please call: 905-546-2590.

The following are not eligible for Special Support Funding: Sponsored immigrants, those with refugee status, self-employed, those who reside in homes for special care, hospital, or long-term care facilities. Special Supports does not reimburse for items already purchased.

CITY OF HAMILTON USE ONLY	**Low Income ID:**

Step 1: Applicant Contact Information		
First Name:		**Middle Name:**
Last Name:		**Date of Birth (dd/mm/yyyy):**
Street Address:		
Line 2 / PO Box:		**Unit:**
City:	**Province:**	**Postal Code:**
Phone:	**Email Address:**	
Identification Document: Please attach a copy of your identification showing your current address such as a driver's license or government issued ID. If you do not have ID showing your address, please attach a copy of other official ID and a bank statement or utility bill that shows your address.		

Step 2: Applicant Details			
Please answer the following questions:			
What is your legal status in Canada?			
☐ Canadian Citizen	☐ Refugee Claimant		
☐ Convention Refugee	☐ Sponsored Immigrant		
☐ Permanent Resident	☐ Visitor		
Are you a sponsored immigrant, still within the sponsorship period?		☐ Yes	☐ No
Do you have refugee status?		☐ Yes	☐ No

Step 2: Applicant Details (continued)	
Are you self-employed?	☐ Yes ☐ No
Do you reside in a home for special care, a hospital, or a chronic care facility?	☐ Yes ☐ No
Are you, your spouse and/or your dependents covered by a health plan? *If yes, please provide the name of the insurance company:*	☐ Yes ☐ No

Step 3: Household Information and Income

Household income information is used to determine eligibility for benefits in the Special Supports Program

Family Type:

☐ Single ☐ Single with Children ☐ Couple (married or common-law)

☐ Couple with Children (married or common-law)

Please list <u>all</u> members of your household:

1

APPLICANT

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment ☐ Ontario Works

☐ Self-Employment ☐ Ontario Disability Support Program

☐ Employment Insurance ☐ Other

☐ Pension ☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

2

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment ☐ Ontario Works

☐ Self-Employment ☐ Ontario Disability Support Program

☐ Employment Insurance ☐ Other

☐ Pension ☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

* see Page 5 for note on Notice of Assessment

Step 3: Household Information and Income (continued)

Please list all members of your household:

3

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18 OR** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

4

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

5

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

* see Page 5 for note on Notice of Assessment

Step 3: Household Information and Income (continued)

Please list all members of your household:

6

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

7

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

8

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name:	**Social Insurance Number:**	**Date of Birth:** (dd/mm/yyyy)

Income Source:

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income: *(From line 23600 of your most recent Notice of Assessment*)*

$

* see Page 5 for note on Notice of Assessment

Note on Notice of Assessment

*** Line 23600 Net Income** is available from your latest *Notice of Assessment* **or** *Proof of Income Statement* issued by the Canada Revenue Agency (CRA).

If you do not have a copy of either your *Notice of Assessment* **or** *Proof of Income Statement*, contact CRA to request a *Proof of Income Statement*. You can reach CRA through the following methods:

- **Telephone** at **1-800-959-8281** press #2 and then #1. Callers will be asked for their Social Insurance Number and Total Income (Line 15000) from their most recently filed Tax Return;
- **Online** at https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals.html and go to "My Account"

Special Supports benefits may be available to Hamilton residents whose total family Net Income is less than the amounts shown below. *If your Total Net Income (applicant + partner/spouse + dependant adults) is more than the amount shown below, you will not qualify for City of Hamilton Special Supports benefits.*

Current Statistics Canada Low-Income Measurement (LIM)

Family Size	Income Amount
1	31,317
2	44,289
3	54,243
4	62,634
5	70,027
6	76,711
7	82,857
8	88,578
9	93,951
10	99,033

Step 4: Items Being Requested

Please tell us what items you require in the box below. Provide as much detail as you can. (Information on what items may be funded by Special Supports is available at **www.hamilton.ca/specialsupports** or in the **Special Supports brochure**.)

Is this item for yourself (applicant)? ☐ Yes ☐ No
Is this item for a child under 18? ☐ Yes
If yes, please provide their full name: _____

Please note that every adult aged 18 or older must complete their own application.

Step 5: Declaration and Signature

I declare that the information I have given on this application form is true and correct to the best of my knowledge.

1. I give the City of Hamilton permission to verify the information that I have given and consult third parties as required.
2. I understand and agree that if any of the information is false, this application will automatically be denied.
3. I will advise the City of Hamilton of any changes to the information outlined in this application.
4. I understand that completing and submitting this application form to the City of Hamilton does not guarantee that assistance will be provided.
5. I understand that the City of Hamilton does not assume any liability and shall not be responsible in any way for any inconvenience, delay, alteration, cancellation, expenses, loss, death, injury, damages, information disclosure or otherwise suffered or incurred by any applicant or person in connection with this program or any part of it.
6. I understand that any personal information or personal health information collected from or about OW/ODSP clients will be used to determine eligibility of benefits and continued management of those programs. The City of Hamilton collects this information under authority of Section 1 of the Ontario Works Act, 1997, S.O. 1997, c. 25, Sched. A.
7. I understand that my personal information provided to determine my eligibility for the program, benefit or subsidy I am applying for and for the ongoing management of the that program is collected under the authority of Section 227 of the Municipal Act 2001.
8. I understand that my personal information may be shared with medical professionals and/or the City of Hamilton's approved vendor to determine eligibility and/or to provide the items requested.
9. I understand that Special Supports Program does not reimburse for items purchased or services received without prior approval. If eligible for the item or service, I will receive an approval letter in the mail providing further information about getting the approved item or service.
10. I understand that questions about the program and collection of my personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6 Phone: 905-546-2590. Email: support@hamilton.ca
11. If I am applying for the Snow Clearing Subsidy, I declare that I am unable to remove snow from my sidewalk and have no one living in the home physically able to remove snow.

Signature of Applicant	**Date (dd/mm/yyyy)**

Signature of witness or interpreter

(Signature of witness is only required if applicant signs with an X mark)

☐ **OPTIONAL:** I authorize the City of Hamilton Special Supports Program to communicate with the following person or agency on my behalf for the purpose of determining eligibility for special supports benefits:	
Name:	Agency:
Phone:	Email:

Step 6: MAILING/SUBMISSION INSTRUCTIONS

Please mail or drop off the following to the address provided below:

☐ This completed application; **and**
☐ One copy of your identification showing your current address; **and**
☐ The most recent *Notice of Assessment* **or** *Proof of Income Statement* from Canada Revenue Agency for you, your spouse/ partner, every adult 18 and over; **and**
☐ A letter of assessment or prescription from a health care professional.

City of Hamilton, Special Supports Program
1550 Upper James St., Unit 14A
Hamilton, ON L9B 2L6

Notice of Collection

The City of Hamilton collects information under authority of Sections 10 and 227 of the Municipal Act, 2001 and sections 7,8, 71-73 of the Ontario Works Act,1997, and section 59 of O. Reg. 134/98 (General) under the Ontario Works Act,1997. Any personal information collected for the purpose of the Fare Assist Program Application will be used to determine your eligibility for financial assistance and other benefits, to support the delivery of those benefits, and to ensure the program is properly administered in accordance with legislative requirements. By providing your contact information, you are consenting to receiving correspondence from the City of Hamilton and/or its agents/ vendors/contractors for purposes related to this program. Please be advised that the City of Hamilton and Ontario Works staff may use information about you that is available in the Social Assistance Management System (SAMS). This information may help staff identify municipal programs or benefits that you or your dependants may qualify for. It may also be used to assess eligibility. Staff may use the information to help you apply for a program or benefit. Where appropriate, they may also submit an application on your behalf. The information may also be used to administer any programs or benefits you receive. Where necessary, your information may be shared with third parties. This may be done to support an application or administer a program or benefit. It may also be shared, where applicable, with Ontario Works (OW), the Ontario Disability Support Program (ODSP), other City services, and relevant service providers".

Questions about the collection of this personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6 Phone: 905-546-2590 Email: support@hamilton.ca.