

**Kehilla Residential Programme and
Jewish Free Loan Toronto
JOINT RENT RELIEF PROGRAM
TO ADDRESS RENTAL ARREARS**

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

Successful applicants will have to sign an agreement between themselves and Kehilla Residential Programme.

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:	
Children	
Please indicate names and date of birth of children as co-applicants (DD/MM/YYYY)	
Alternate Contact	
Name:	
Daytime Phone Number:	
Cell Phone:	
Relationship:	

Current Housing Information	
Landlord Name:	
Landlord Telephone Number:	
Landlord Address (if different from your address above):	
Landlord email address:	
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:	
Current amount owed to your Landlord:	
How many months of arrears are owed to your Landlord?	
Please explain why you are currently in arrears to your Landlord?	
Do you have a plan in place to reimburse your landlord for rent owed? (y/n) Please explain:	
Please indicate if you provide Kehilla with consent to contact your Landlord to discuss your rent arrears <i>*If we do not have express consent to speak to your landlord, your application will be denied.</i>	YES / NO (circle one)

COVID-19

This program was intended for people whose income has been affected by COVID-19 and impeded their ability to pay their rent each month. Please indicate how COVID-19 has affected your income.

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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	\$

The documents below are required in order to confirm your eligibility. Please note that applications will not be approved without the required supporting documentation.

- Bank statements for the past 3 months, annotating income and any rent paid each month
- Proof of rental arrears (an official statement or official letter from your property manager or landlord)

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

How did you hear about this program?

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 and to Jewish Free Loan Toronto. The purpose of this release is to facilitate consideration for assistance from the Jewish Free Loan Toronto and Kehilla Joint Rent Relief Program. This release will allow ongoing communication to occur between Jewish Free Loan Toronto and Kehilla or any other government body as well as any family members the applicant may identify

Signature

Date

Signature

Date

Witness Signature

Date