

SECTION 1: OVERVIEW

What is STAR?

STAR is a program that helps York Region renters stay housed when faced with financial difficulty due to temporary job loss. The program includes:

- A 24 month rent benefit paid directly to a landlord to help prevent eviction or homelessness or to help establish stable housing and
- 30 months of support services (employment, budgeting and referrals) to help the situation.

Do you qualify for STAR? To qualify:

- You live in a **legal** affordable market rent unit in York Region or are staying in an emergency housing location in York Region
- Your household has experienced job loss that is temporary, involuntary and resulted in significant income loss (i.e. 20% income loss)
- You pay more than 50% of your income on shelter costs (rent and utilities)
- You have less than \$20,000 in assets
- All household members have legal status in Canada and must live in York Region throughout the length of the STAR program
- You are willing to develop and participate in a specific employment plan to better your situation. This includes an hour session twice a month with the STAR worker
- If you have rental arrears, you must be willing to commit to a repayment plan
- You have lost employment within a 12 month period from the date of your application

You do not qualify if:

- Your work is seasonal
- Are on parental leave
- You are self employed
- Sponsorship/guarantor breakdown
- Actively in school

Documents Required:

- Proof of legal status in Canada
- Three months bank statements
- Documentation of current monthly income
- Previous year's income tax statement
- Pay statements for two months prior to loss of income
- Record of Employment (ROE)
- Documentation of Financial Assets (RESPs, RSPs)
- Lease agreement for legal market rental
- Current utility statements
- Summary of a plan to better the situation

All required documents need to be sent to starworker@york.ca within two weeks of your application or your application will be closed.

How do I apply?

Complete the attached referral form and email it to starworker@york.ca or call Access York at 1-877-464-9675. You will be contacted by a STAR Case Worker who will help determine if the STAR program is right for you.

SECTION 2: PRE-APPLICANT INFORMATION

First name Last name

Street number Street address

Apartment number City/Town

Province Postal code

Home Phone Email Address

Date of birth (dd/mm/yyyy) How may we best reach you?

How many people live in your home, including yourself?

How many household members are 18 years old or less?

SECTION 3: BASIC ELIGIBILITY

Are you at risk of losing your rental home or are you currently living in emergency housing?	Yes	No	
Would your landlord work with the STAR program to help you keep your home?	Yes	No	Unsure
Is your household income loss expected to be short term and do you expect that your current situation can be improved over a two year period?	Yes	No	
If yes, what caused the income loss?			
Is at least one adult in your household willing to meet twice a month (in person or by phone) with a caseworker to develop and follow a plan to increase your household income?	Yes	No	

SECTION 4: RELEASE CONSENT AND DECLARATION

1. I agree that York Region may collect the personal information on this form for the purpose of:
 - determining if I am eligible to receive housing benefits and/or any other community services offered by York Region or any of its partners; and
 - evaluating the quality of community services delivered by York Region and its partners so that the Region can improve them
2. I agree that, if all laws protecting my personal information are complied with, York Region may share my personal information with any York Region partner for the purpose of determining if I am eligible to receive any community services.
3. I understand that York Region's partners include not for profit community agencies, the Government of the Province of Ontario and the Government of Canada.
4. I understand that if I have any questions about York Region's collection and sharing of my personal information I can speak to the following person to get answers:
The Regional Municipality of York
17150 Yonge Street, 5th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 ext. 74044
Supervisor, Homelessness Community Programs
5. I understand that the laws that permit York Region to collect and share my personal information include the Municipal Freedom of Information and *Protection of Privacy Act*, the *Municipal Act*, the *Housing Services Act*; and the *Ontario Works Act*.
6. I know that the information I have provided on this form will be used by York Region to determine if I am eligible to receive housing benefits and/or any other community services offered by York Region and its partners.
7. I confirm that all of the information on this form is true and that I have not left any important information out.
8. I understand, and agree, that if York Region determines that the information on this form is not true York Region can stop my benefits and services and can make me pay York Region back.

SECTION 5: SIGNATURE AND CO-APPLICANT

The applicant and any co-applicants must sign this form

Applicant (Please print name) Signature Date (mm/dd/yy)

Co-applicant (Please print name) Signature Date (mm/dd/yy)

If an agency is helping you with this form, please complete this section.

Social or Affordable Housing Provider — please specify housing provider name and contact information:

Homelessness Prevention Program (HPP), Housing Help Centre, Legal Clinic — please specify:

Violence Against Women (VAW) Shelter, Emergency or Transitional Housing — name of shelter operator and referral contact's name:

Access York:

Other— please specify and provide contact information:

Your completed application form can be mailed or delivered to:

Supervisor
York Region Homelessness
Community Programs
The Regional Municipality of York
17150 Yonge Street, 5th Floor
Newmarket, ON L3Y 8V3

Email: starworker@york.ca