



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

FAMILY

APPLICATION FOR RENT-GEARED-TO-INCOME (RGI) HOUSING ASSISTANCE

Office Use Only

- Special Priority
- Urgent
- Insitu
- District

DO NOT FAX YOUR APPLICATION FORM. FAXED APPLICATIONS ARE NOT ACCEPTED

Section 1 – Primary Applicant Details

<input type="checkbox"/> New application		<input type="checkbox"/> Non Profit Market Tenant Requesting RGI	
<input type="checkbox"/> Transfer to a Unit Managed by a Different Housing Provider			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Last Name		First Name:	Middle Initial:
Maiden Name/Alias:			
Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Common Law	<input type="checkbox"/> Separated
Date of Birth (MM/DD/YYYY):		Age Yrs:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Status in Canada		<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
		<input type="checkbox"/> Indian Status	<input type="checkbox"/> Metis Status
		<input type="checkbox"/> Refugee Claimant	<input type="checkbox"/> Inuit
Social Insurance Number:			

Please tell us how you were informed about Housing Services.

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Special Priority (This pertains to all members listed on the application)

I am applying for special priority status because I or someone in my household is currently a victim of abuse.

I have lived apart from the abuser for less than 3 months.

If you checked above, please specify **date moved out:** _____

If you checked either of the above, please obtain a *Verification Declaration Package* from the Housing Services Intake

Mailing Address

Address:		Apt No.:
City:	Province:	Postal Code:

Telephone Numbers

Home:	Mobile:	
Work:	Can you take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, where can we contact you?		

Persons to contact in your absence or to act as an interpreter

Name	Relationship	Telephone Number(s)
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Present Accommodation

Home Information	<input type="checkbox"/> Own	<input type="checkbox"/> Co-Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Homeless
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Current Landlord Information

Landlord Name:

Landlord Address:	
Landlord Telephone Number:	
City	
Length of Tenancy (Months):	Number of Bedrooms:

Section 2 - Co-Applicant Details

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Last Name:	First Name:		Middle Initial:
Maiden Name/Alias:			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
Date of Birth (MM/DD/YYYY):	Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Status in Canada	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Refugee Claimant
	<input type="checkbox"/> Indian Status	<input type="checkbox"/> Metis Status	<input type="checkbox"/> Inuit
Social Insurance Number:	Band Number:		

Relationship to Applicant

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:

Section 3 - Other Members: Please include only those who will live with you and who will not be leaseholders:

1

Last Name:	First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):	Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Insurance Number:			
Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify School:
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Relationship to Applicant:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:	

2

Last Name:	First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):	Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Insurance Number:			
Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify School:
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Relationship to Applicant:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:	

3

Last Name:	First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):	Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Insurance Number:			
Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify School:
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Relationship to Applicant:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:	

4

Last Name:		First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):		Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Insurance Number:				
Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify School:	
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Relationship to Applicant:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:	
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:		

5

Last Name:		First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):		Age Yrs:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Insurance Number:				
Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify School:	
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Relationship to Applicant:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative:	
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:		

Section 4 - Previous Subsidized Tenancy and Qualifying for RGI Assistance

Please specify all subsidized or rent-geared-to-income tenancies for Applicant and Co-Applicant(s):

Have you ever lived in subsidized housing or received rent-geared-to-income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please complete the following: If there are more than 2 tenancies please include them on a separate sheet
1

Tenant Name:		
Address:		
City:	Province:	Postal Code:
Tenancy Dates (MM/YY)	From:	To:
Landlord Name:		
Landlord Phone Number:		
Landlord Address:		
City:	Province:	Postal Code:

2

Tenant Name:		
Address:		
City:	Province:	Postal Code:
Tenancy Dates (MM/YY)	From:	To:
Landlord Name:		
Landlord Phone Number:		
Landlord Address:		
City:	Province:	Postal Code:

PLEASE ANSWER THE FOLLOWING QUESTIONS TO CONFIRM YOUR ELIGIBILITY FOR RGI ASSISTANCE:

YES	NO	N/A	CRITERIA
			Are all household members: (1) Canadian Citizens, (2) permanent resident applicants, or (3) refugee claimants under the <i>Immigration and Refugee Protection Act</i> (Canada)?
			Are all household members exempt from an enforceable removal order under the <i>Immigration & Refugee Protection Act</i> (Canada)?
			Are all household members free of rental arrears with respect to a previous tenancy in <u>any housing project under any housing program</u>, except in the case of a household that qualifies for Special Priority Status?
			Are all household members free of any conviction by a court of law or findings by an administrative tribunal (Ontario Rental Housing Tribunal) for misrepresenting their income for the purposes of RGI assistance?
			Do all household members intend to divest of residential property (sell home) within six (6) months of receiving RGI assistance?

Section 5 - Income

Statement of all MONTHLY income BEFORE deductions received by all anticipated household members.

Tenant Last Name				
Tenant First Name				
Sources of Income	Gross monthly Amount	Gross monthly Amount	Gross Monthly Amount	Gross monthly Amount
Ontario Works				
Ont. Disability Support Program (ODSP)				
Full-time Employment				
Part-time Employment				
Self Employment				
Rent Revenue				
Employment Insurance (E.I)				
WSIB (Short Term)				
WSIB (Long Term)				
Old Age Security/G.I.S.				
Immigrant/Government Sponsorship				
Spouses Allowance				
CPP (Canada Pension Plan)				
Guaranteed Annual Income System GAINS				
DVA Disability Pension				
Company Pension				
US Social Security				
Other Country Social Security				
Other Pensions				
Annuity (R.I.F.)				
Alimony / Support Payments				
Student Grants				
OSAP				
Native Band Allowance				
Other Income				
TOTAL MONTHLY HOUSEHOLD INCOME:	\$	\$	\$	\$

Income Producing Assets	\$ Amount	\$ Amount	\$ Amount	\$ Amount
Chequing Account				
Savings Account (1)				
Savings Account (2)				
Bonds/GICs/RRSPs /RIFs/Terms				
Annuities/Shares/Stocks/Mutuals				
Life Ins. Policies (Value)				
Annual Interest Income from Assets				
Other Assets, Specify:				
Non-Income Producing Assets	\$ Amount	\$ Amount	\$ Amount	\$ Amount
House				
Cottage / Camp				
Vacant Property				
Less outstanding mortgage				
Business Assets				
Paid-Up Life Insurance				
Monies owed to you over \$500				
Assets transferred within the Past 3 Years:	Item:	Amount:	Date of Transfer:	Amount Transferred:

Section 6 - Housing Preferences

Note: Select unit size based on your family size.

These preferences will determine the properties that you are able to select on this application

Unit Size:

<input type="checkbox"/> 2-Bedroom	<input type="checkbox"/> 3-Bedroom
<input type="checkbox"/> 4-Bedroom	<input type="checkbox"/> 5-Bedroom

Community Type:

I/We want to live in a community for:	<input checked="" type="checkbox"/> Non-Senior (Family)
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Geographic Area: Please select a geographic area below & make a specific selection on the *Project Selection Sheet*

<input type="checkbox"/> Thunder Bay – No Preference			
Thunder Bay North	Thunder Bay South	District of Thunder Bay	
<input type="checkbox"/> Current River Ward	<input type="checkbox"/> McKellar Ward South	<input type="checkbox"/> Geraldton Ward	<input type="checkbox"/> Marathon
<input type="checkbox"/> McIntyre Ward	<input type="checkbox"/> Neebing Ward	<input type="checkbox"/> Longlac Ward	<input type="checkbox"/> Nipigon
<input type="checkbox"/> McKellar Ward North	<input type="checkbox"/> Northwood Ward	<input type="checkbox"/> Nakina Ward	<input type="checkbox"/> Savant Lake
<input type="checkbox"/> Red River Ward	<input type="checkbox"/> Westfort Ward	<input type="checkbox"/> Manitouwadge	<input type="checkbox"/> Upsala

Accessibility:

Can you climb stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

Is an additional child expected (baby, adoption, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Due Date (MM/DD/YYYY): _____/_____/_____		
** Be advised: You must submit note from a health care professional that indicates your expected <i>due date</i> in order to qualify for an extra bedroom. **		
Do all household members reside in present accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain: _____		

Section 7 - Additional Requirements

I/We have no permanent address (e.g. Live in a hostel, hotel, on the street, etc.) Please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We have applied for housing within one year of entering Canada Please specify date of entry (MM/DD/YYYY):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We have a <u>serious & potentially life threatening medical condition</u> that is being complicated by current accommodations (Please contact our office to obtain the Medical Report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 8 - Building Selection

Explanation of Symbols:			
APT/E	Apartment with Elevator	NAT FAM	Native Families
APT-SS	Apartment Single Storey	LHC	Local Housing Corporation
APT/W	Walk-up Apartment	NP	Non-Profit Provider
DET	Detached Single Family Home	RS	Rent Supplement Landlord
FAM	Family	SEMI	Semi-Detached
FNP	Federal Non-Profit	TH	Townhouse
FOUR	Fourplex		

PLEASE NOTE:

In order for your application to be considered complete, **you must** select at least one housing project. Incomplete applications will not be processed. Please select housing projects that offer the number of bedrooms for which you are eligible.

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
Greenstone – Geraldton Ward											
GG-3	Phase I Third St W, 2nd St W, First St E	Geraldton Non Profit Housing	NP	FAM	SEMI TH	12	2	3	4		
GG-5	Phase I Third St, First St E	Geraldton Non Profit Housing	NP	FAM	SEMI TH	10	2				
Greenstone – Longlac Ward											
GL-1	Centennial Drive	Thunder Bay District Housing Corporation	LHC	FAM	TH	12	2	3	4		
Greenstone – Nakina Ward											
GN-1	Algoma Street	Thunder Bay District Housing Corporation	LHC	FAM	DET	5		3	4		
GN-2	Cordingley Lake Rd	Thunder Bay District Housing Corporation	LHC	FAM	DET	3		3	4		
Manitouwadge											
MN-1	Phase I Moose Drive, Otter Avenue	Manitouwadge Municipal Housing Corporation	NP	FAM	SEMI	18	2	3			
MN-2	Phase II Moose Dr., Otter Ave	Manitouwadge Municipal Housing Corporation	NP	FAM	SEMI	11	2	3			
MN-3	Phase III Manitou Rd, Graham Dr	Manitouwadge Municipal Housing Corporation	NP	FAM	TH	10	2	3			
MN-4	Phase IV 17-19 Ohsweken Rd	Manitouwadge Municipal Housing Corporation	NP	FAM	TH	8	2				

Marathon												
Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW	
MR-1	Abrams Street	Marathon Municipal Non Profit Housing Corporation	NP	FAM	TH	7	2	3				
MR-3	Warwick Square 5 Hemlo Drive	Marathon Municipal Non Profit Housing Corporation	MIX	FAM	APT/E APT/ W	40	2	3				
MR-4	Wildwood Trail 4 Wildwood Trail	Marathon Municipal Non Profit Housing Corporation	NP	FAM	APT/ W	10	2	3				
Nipigon												
NI-1	Greenmantle Apt Wade Crescent	Nipigon Housing Corporation	NP	FAM	SEMI APT- SS	10	2	3				
NI-2	Greenmantle Drive	Thunder Bay District Housing Corporation	LHC	FAM	DET	6		3	4			
NI-4	Wadsworth Drive	Thunder Bay District Housing Corporation	LHC	FAM	DET	3		3	4			
Savant Lake												
SL-1	Bradley Road 1-8 Bradley Road	Thunder Bay District Housing Corporation	LHC	FAM	DET	8		3	4			
Upsala												
UP-1	Tilford Street 1-6 Tilford Street	Thunder Bay District Housing Corporation	LHC	FAM	DET	6		3	4			
Thunder Bay North – Current River Ward												
TBCR-3	Diversified Units Shuniah, Arundel, Grenville, Stephens	Thunder Bay District Housing Corporation	NP	FAM	SEMI	8		3	4			
TBCR-5	Matawa – Wave 2 North Fitzgerald Street, Otto Street, Rona Street	Matawa Non Profit Housing Corporation	NP	FAM	SEMI	N/A	2	3				
TBCR-6	Native People of Thunder Bay Development Corporation Hull St, McDonald St, Egan St	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	3	2	3				
TBCR-8	Scattered Units Conyers St	Thunder Bay District Housing Corporation	NP	FAM	SEMI	2	2					
TBCR-9	Strathcona Park Strathcona Avenue	Thunder Bay District Housing Corporation	LHC	FAM	DET	3		3				
TBCR-10	Strathcona Park Gresley Court	Thunder Bay District Housing Corporation	LHC	FAM	DET	4		3				
TBCR-11	Wakaigin Housing II	Beendigen Inc.	NP	FAM	SEMI	2	2	3				
TBCR-13	Rent Supplement Program Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2	3				
Thunder Bay North – McIntyre Ward												
TBMI-1	Native People of Thunder Bay Development Corporation County Blvd, Brant St	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	4	2	3				
TBMI-2	Pioneer Court 273 Pioneer Drive	Lutheran Community Housing Corporation	NP	FAM	APT/ E	18	2					
TBMI-4	Walkover/Piccadilly/Regina	Thunder Bay District Housing Corporation	NP	FAM	SEMI	16		3	4			
TBMI-5	Wakaigin Housing II	Beendigen Inc.	NP	FAM	SEMI	4		3	4			
TBMI-6	Rent Supplement Program Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2	3				

Thunder Bay North– McKellar Ward												
Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW	
TBMK-1	Academy Heights 75 Academy Drive	Thunder Bay District Housing Corporation	LHC	FAM	APT/W	29	2					
TBMK-2	Academy Heights Trillium Place/Way/Court	Thunder Bay District Housing Corporation	LHC	FAM	TH	51	2	3	4			
TBMK-5	Cumberland Court 76 S Cumberland St	Thunder Bay District Housing Corporation	NP	FAM	APT/E	13	2					
TBMK-6	Diversified Units First Ave, Atlantic Ave, River Road	Thunder Bay District Housing Corporation	NP	FAM	SEMI	8		3				
TBMK-7	Hellenic Village 700-758 Athens Dr	Greek Orthodox Non Profit Housing Corporation	NP	FAM	TH	50	2	3				
TBMK-9	Luther Court 185 S Court Street	Lutheran Community Housing Corporation	NP	MIX	APT/E	4	2					
TBMK-20	Scattered Units Ryde Avenue	Thunder Bay District Housing Corporation	NP	FAM	SEMI	2		3				
TBMK-23	Queen's Park Hill St, Ray Blvd, Rupert St	Thunder Bay District Housing Corporation	LHC	FAM	SEMI	28		3	4	5		
TBMK-25	Rent Supplement Program Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2	3				
Thunder Bay North – Red River Ward												
TBRR-1	Blucher Park Blucher Street	Thunder Bay District Housing Corporation	NP	FAM	SEMI	53	2	3	4			
TBRR-2	Diversified Units Picton Avenue	Thunder Bay District Housing Corporation	NP	FAM	SEMI	2		3				
TBRR-4	Forest Park Clarkson Ave, Windsor St, John Street	Thunder Bay District Housing Corporation	LHC	FAM	DET SEMI	25	2	3	4	5		
TBRR-7	John Street 707 John Street	Thunder Bay District Housing Corporation	LHC	FAM	TH	46	2	3	4	5		
TBRR-8	Native People of Thunder Bay Development Corporation Dorothy St, N High St, Red River Rd, Dawson St	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	4	2		4			
TBRR-9	Parsons Parsons Ave, Melvin Ave, Kenwood Ave	Thunder Bay District Housing Corporation	NP	FAM	SEMI	16		3				
TBRR-10	Picton, Tamarack Picton Ave, Tamarack	Thunder Bay District Housing Corporation	NP	FAM	SEMI	46		3	4			
TBRR-11	Picton III 69-111 Picton Avenue	Thunder Bay District Housing Corporation	NP	FAM	SEMI	22		3				
TBRR-12	Picton Place II Picton Avenue	Thunder Bay District Housing Corporation	NP	FAM	SEMI	50	2	3	4			
TBRR-17	Scattered Units Hill St, Windemere Ave	Thunder Bay District Housing Corporation	NP	FAM	SEMI	4		3				
TBRR-18	Sequoia Park 200-304 Sequoia Drive	Thunder Bay District Housing Corporation	RS FED	FAM	SEMI	52		3	4			
TBRR-19	Wakaigin Housing II Confidential Addresses	Beendigen Inc.	NP	FAM	SEMI	2		3				
TBRR-20	Windsor Street 288 Windsor Street	Thunder Bay District Housing Corporation	LHC	FAM	TH	51	2	3	4			
TBRR-21	Rent Supplement Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2					

Thunder Bay South - McKellar Ward											
Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
	Beendigen 329 S. May Street	Beendigen Inc.	NP	FAM	DET	1			4		
TBMK-10	Matawa – Wave 2 631 McLaughlin Street	Matawa Non Profit Housing Corporation	NP	FAM	SEMI	N/A		3			
TBMK-13	McLaughlin Court 824 McLaughlin Street	Thunder Bay District Housing Corporation	NP	FAM	APT/W	7	2				
TBMK-14	Metro Lions Centre 1209 E Victoria Ave	Thunder Bay Metro Lions Non Profit Housing Corporation	NP	FAM	APT/E	36	2				
TBMK-15	Metro Lions Place 205, 207 McKellar St	Thunder Bay Metro Lions Non Profit Housing Corporation	NP	FAM	APT/W	12	2				
TBMK-16	Native People of Thunder Bay Development Corporation Brodie St, Dease St, Finlayson St, McLeod St, Pacific Ave, Syndicate Ave, Wellington St, Wiley St	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	8	2	3	4	5	
TBMK-19	Royal Edward Arms 114 S May Street	Thunder Bay District Housing Corporation	RS	FAM	APT/E	N/A	2				
TBMK-25	Rent Supplement Program Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2	3			
Thunder Bay South – Northwood Ward											
TBNW-2	Glenwood Court 170 W Donald St	Thunder Bay District Housing Corporation	NP	FAM	APT/E	25	2				
TBNW-3	H.O.M.E. Project Simon Fraser Drive	Thunder Bay District Housing Corporation	LHC	FAM	DET	2		3			
TBNW-4	H.O.M.E. Project McGill Crescent	Thunder Bay District Housing Corporation	LHC	FAM	DET	2		3			
TBNW-6	James Street N	Thunder Bay District Housing Corporation	LHC	FAM	FOUR	24	2				
TBNW-9	Limbrick Place	Thunder Bay District Housing Corporation	LHC	FAM	TH	102	2	3	4	5	
TBNW-12	Scattered Units Erindale Cr, Redwood Ave, Newberry Cr	Thunder Bay District Housing Corporation	NP	FAM	SEMI DUP	6		3	4		
TBNW-13	Wakaigin Housing II	Beendigen Inc.	NP	FAM	SEMI	4		3	4		
TBNW-14	Rent Supplement Program Various Addresses	Thunder Bay District Housing Corporation	RS	FAM	N/A	N/A	2	3			
Thunder Bay South – Westfort Ward											
TBW-1	Frederica Street W	Thunder Bay District Housing Corporation	NP	FAM	TH	24		3			
TBW-2	Hall Place	Thunder Bay District Housing Corporation	LHC	FAM	DET	3	2	3			
TBW-3	Isabella Street East	Thunder Bay District Housing Corporation	LHC	FAM	DET	7	2	3			
TBW-4	King's Court 535 Kingsway Ave	Lutheran Community Housing Corporation	NP	FAM	APT/E	21	2	3			
TBW-6	Matawa – Wave 2 Crawford St	Matawa Non Profit Housing Corporation	NP	FAM	SEMI	2	2	3			
TBW-7	McGregor Ave	Thunder Bay District Housing Corporation	LHC	FAM	DET	10	2	3			

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
							2	3	4		
TBW-8	Moodie Street East	Thunder Bay District Housing Corporation	LHC	FAM	DET	14	2	3	4		
TBW-9	Native People of Thunder Bay Development Corp. Stanley St, Amelia St, S Marks St, E Arthur St, Sprague	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	5	2	3			
TBW-10	Neebing/Gore 515 W Gore; 1512 Neebing	Thunder Bay District Housing Corporation	NP	FAM	APT SEMI	16	2				
TBW-11	Ridgeway Street	Thunder Bay District Housing Corporation	LHC	FAM	DET	8		3			
TBW-12	Ruskin Crescent	Thunder Bay District Housing Corporation	LHC	FAM	DET	20	2	3	4		
TBW-15	Rent Supplement Various Addresses	Various Addresses	RS	FAM	N/A	N/A	2	3			

Section 9 – Declaration, Consent and Release of Information

I declare that all information given in this application is correct and is complete to the best of my knowledge. The application and supporting documents become the property of The District of Thunder Bay Social Services Administration Board, Housing Services Division, Housing Services Intake. Copies of the application and supporting documents may be given to housing providers that I have selected for placement on the waiting lists in locations where I wish to live.

Personal information contained on this form or in attachments is collected by the Housing Services Intake pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.M.56). This information will be used to determine eligibility for rent-geared-to-income assistance, eligibility for special needs housing, the size and type of unit, the placement of the household on waiting lists, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal/provincial and federal departments and agencies that assist in the provision of affordable housing and to social agencies providing financial assistance to the applicant. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act*, (2000), the *Ontario Disability Support Program Act*, (1997), the *Ontario Works Act*, (1997), or the *Day Nurseries Act*. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions about this collection should be directed to Cindy Pareigis, Housing Services, 34 North Cumberland Street, 5th Floor, Thunder Bay ON P7A 8B9, (807) 766-2112 or 1-866-363-0929.

Pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*; I give my consent and authorization to the Housing Services Intake to:

(1) make inquiries to verify the information given in this application and I authorize any person, corporation, or any social agency having knowledge of required information to release such information to the Housing Services Intake. I agree to provide any supporting material required for my application.

(2) disclose the information given on this form to Non-Profit Housing Corporations, Local Housing Corporations, the Ministry of Municipal Affairs and Housing and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social services providing financial assistance to me and persons on this application.

I understand that it is my responsibility to inform the Housing Services Intake of any changes in information within 15 days of the change. (i.e., Change of address, telephone number, family composition, type or amount of income).

I agree to provide any supporting material or documents as required by the Housing Services Intake, its administrators and/or participating housing providers.

SIGNATURES: SIGN ON THE LINE LABELLED “APPLICANT”

Please Note: All household members 16 years of age and older must sign below.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____

The information requested on this form is being used to assess for a social program. Nothing in this form is intended to infringe upon the rights guaranteed in the Ontario *Human Rights Code*. The Housing Services Intake is committed to equality, diversity, and non-discrimination.

HOUSING SERVICES INTAKE

**34 North Cumberland Street 5th Floor Thunder Bay ON P7A 8B9
(807) 766-2112 1-866-363-0929 FAX: (807) 344-4543 www.tbdssab.on.ca**

CHECKLIST FOR SUBMITTING YOUR APPLICATION

Check all the boxes below that apply. Please be sure to bring the original documents with you so they can be photocopied. If you are mailing your application please include photocopies.

- Custody of Dependents:** Divorce/Separation agreement (Court Order and Minutes of Settlement required); Current school records; Drug or Dental Benefit Card; Letter signed by other primary child caretaker stating the percentage of time child spends with each parent.
- Income Tax Return:** Current Income Tax Summary from Canada Revenue Agency, or a Notice of Assessment from Canada Revenue Agency if accompanied with T4s and T5s.
- Pregnancy:** Letter from a health care professional stating approximate due date.
- Proof of Status in Canada** (Birth Certificate, IMM 1000, IMM 1442, Status card, Passport, Citizenship card).
- Social Insurance Number:** All household members 16 years of age and older.
- Special Priority Status:** Completed Verification Declaration Package and/or Medical Report and/or any additional verifying documentation.

INCOME & ASSET VERIFICATION: Including but not exclusive to the following:

- Employment and Other Income:** Copies of your cheque stubs for the last two months showing hours of work and rate of pay, or a letter from your employer indicating the same.
- Employment Insurance Benefits:** Copies of your cheque stubs for the last two months.
- Interest:** Updated copies of your bank books showing interest earned over the previous 12 months, as well as copies of all GICs and Canada Savings Bonds, RRSPs, and any other investments.
- ODSP:** Cheque stub and Drug/Dental Benefit Card
- Old Age Security; Canada Pension Plan/Disability Pension:** A copy of your cheque stub showing the gross earnings or a copy of your bank statement showing the direct deposit if you do not receive a pay stub.
- Ontario Works:** Cheque stub and Drug/Dental Benefit Card (if applicable).
- Private Pension:** A copy of your cheque stub showing the gross earnings. Please ensure you provide our office with the gross amount of your pension.
- Property:** If you own property, we require a written estimate of its value. (Property Tax statement or MPAC statement). If you have transferred any assets within the last three years, please provide details.
- Self-Employment:** A copy of your latest income tax return along with all the T4 and T5 slips or monthly statements from your business.
- Student grants, OSAP, Band allowance amount:** Include course acceptance letter (if applicable).