



THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD

# SPECIAL NEEDS

## 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"/> External Transfer			
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:	

Please tell us how you were informed about Housing Services.

**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:		Cell Phone:
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-gearred-to-income tenancies for Applicant and Co-Applicant(s):

Have you ever lived in subsidized housing or received rent-gearred-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:**

<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>CRITERIA</b>
			<b>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)?</b>
			<b>Are all household members exempt from an enforceable removal order under the <i>Immigration &amp; Refugee Protection Act</i> (Canada)?</b>
			<b>Are all household members free of rental arrears with respect to a previous tenancy <u>in any housing project under any housing program</u>, except in the case of a household that qualifies for Special Priority Status?</b>
			<b>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?</b>
			<b>Do all household members intend to divest of residential property (sell home) within six (6) months of receiving RGI assistance?</b>

## Section 5 - Income

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

<b>Tenant Last Name</b>				
<b>Tenant First Name</b>				
<b>Sources of Income</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>
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				
<b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Income Producing Assets</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>
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:				
<b>Non-Income Producing Assets</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>
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"/> Bachelor  | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedroom | <input type="checkbox"/> 3 bedroom |
| <input type="checkbox"/> 4 Bedroom | <input type="checkbox"/> 5 Bedroom | <input type="checkbox"/> 6 Bedroom | <input type="checkbox"/> Bed-Sit   |

### Community Type:

- I/We want to live in a community for:  Senior  Non Senior (Single/Family)

### Geographic Area: (to make a project-specific selection please complete the **Project Selection Sheet**)

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

### Accessibility:

- I/We require a unit with special accessibility options  Yes  No
- I/We require the following type of unit:  Wheelchair Accessible
- (Eligibility requires an **Medical Report** if applicable.)  Barrier Free (Internally modified for wheelchair)
- Other Accessibility (walker, braces etc)
- Other Modifications (Hearing Impairment etc.)
- Please Specify:

- Can you climb stairs?**  Yes  No

### Other details:

- Is an additional child expected (baby, adoption, etc.)?  Yes  No

If Yes, Due Date (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*\* Be advised: You must submit note from a health care professional that indicates your expected *due date* in order to qualify for an extra bedroom. \*\*

- Do all household members reside in present accommodation?  Yes  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.)  Yes  No

Please specify:

- I/We have applied for housing within one year of entering Canada  Yes  No

Please specify date of entry (MM/DD/YYYY):

- I/We have a serious & potentially life threatening medical condition that is being  Yes  No

complicated by current accommodations

(Please contact our office to obtain the **Medical Report**)

## Section 8 - Building Selection

### Explanation of Symbols:

APT/E	Apartment with Elevator	NP	Non-Profit Provider
APT-SS	Apartment Single Storey	PHY	Physically Challenged
APT/W	Walk-up Apartment	PSD	Psychiatric Disabilities
DET	Detached Single Family Home	RS	Rent Supplement Landlord
SEMI	Semi-Detached	LHC	Local Housing Corporation
TH	Townhouse		

### 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 offers the number of bedrooms for which you are eligible.

### ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size	<input checked="" type="checkbox"/> SELECTION BELOW		
<b>Thunder Bay North – Current River Ward</b>										
TBCR-4	<b>Holy Protection Millenium</b> 256 Wolseley Street	Holy Protection Millenium Home	NP	SENIOR (60 +)	AP T/E	2	1	2		
<b>Thunder Bay North – McIntyre Ward</b>										
TBMI-3	<b>Suomi Koti</b> 527 County Blvd	Suomi Koti Inc.	NP	SENIOR (60 +)	AP T/E	3	1	2		
TBMI-2	<b>Pioneer Court</b> 273 Pioneer Drive	Lutheran Community Housing Corporation <b>Support by: LPH</b>	NP	SINGLE PSYCH. DIS. SUPPORTIVE	AP T/E	1	1			
<b>Thunder Bay North – McKellar Ward</b>										
TBMK-4	<b>Bay Court</b> 245 Bay Street	Lutheran Community Housing Corporation	NP	SINGLE SUPPORTIVE	AP T/E	1	1			
TBMK-7	<b>Hellenic Village</b> 700-758 Athens Dr	Greek Orthodox Non Profit Housing Corporation	NP	FAMILY	TH	2		2		
TBMK-9	<b>Luther Court</b> 185 S Court Street	Lutheran Community Housing Corporation	NP	MIXED	AP T/E	2	1			
<b>Thunder Bay North – Red River Ward</b>										
TBRR-6	<b>Good Shepherd Village Phase II</b> 51 Walkover St	Lakehead Christian Senior Citizen Apartments	NP	SENIOR (60 +)	AP T/E	4	1	2		
TBRR-10	<b>Picton, Tamarack</b> Picton Ave, Tamarack	Thunder Bay District Housing Corporation	NP	FAMILY	SE MI	10			3	4
TBRR-16	<b>Regency Towers</b> 9 Regent Street	Thunder Bay District Housing Corporation	LHC	SENIOR (60 +)	AP T/E	4	1			
<b>Thunder Bay South - McKellar Ward</b>										
TBMK-3	<b>Assef Court</b> 925 Simpson Street	Thunder Bay District Housing Corporation	LHC	SENIOR (60 +)	APT/E	3	1			
TBMK-8	<b>Legion Manor</b> 225 Ross Street	Fort William Legion Branch #6 Non Profit Housing Corporation	NP	SENIOR (60 +)	APT/E	2		2		
TBMK-15	<b>Metro Lions Place</b> 205, 207 McKellar St	Thunder Bay Metro Lions Non Profit Housing Corporation	NP	FAMILY	APT/W	1	1			

## ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
<b>Thunder Bay South – Northwood Ward</b>											
TBNW-5	<b>Holy Cross Villa</b> 411 Frontenac Bay	Holy Cross Villa of Thunder Bay	NP	SENIOR (60 +)	APT/E	2	1				
TBNW-2	<b>Glenwood Court</b> 170 W Donald St	Thunder Bay District Housing Corporation	NP	MIXED	APT/E	10	1	2			
<b>Thunder Bay South– Westfort Ward</b>											
TBW-2	<b>Hall Place</b>	Thunder Bay District Housing Corporation	LHC	FAMILY	DET	3			3		
TBW-4	<b>King's Court</b> 535 Kingsway Ave	Lutheran Community Housing Corporation	NP	FAMILY	APT/E	2		2			
TBW-12	<b>Ruskin Crescent</b>	Thunder Bay District Housing Corporation	LHC	FAMILY	DET	20		2	3	4	
TBW-13	<b>Spence Court</b> 230 W Amelia Street	Thunder Bay District Housing Corporation	LHC	SENIOR (50 +)	APT/E	6	1				
TBW-14	<b>TB Deaf Housing</b> 511 Kingsway Avenue	Thunder Bay Deaf Housing Inc.	NP	SPECIAL NEEDS	APT/W	2	1	2			
TBW-6	<b>Matawa – Wave 2</b> Crawford St	Matawa Non Profit Housing Corporation	NP	FAMILY	SEMI	2		2			
<b>Greenstone – Geraldton Ward</b>											
GG-3	<b>Phase I</b> Third St W, 2nd St W, First St E	Geraldton Non Profit Housing	NP	FAMILY	SEMI TH	1			3		
GG-4	<b>Phase II</b> 215 A-F Third Ave	Geraldton Non Profit Housing	NP	SINGLE	TH	1	1				
GG-5	<b>Phase III</b> Third Street, First St E	Geraldton Non Profit Housing	NP	FAMILY	SEMI TH	1		2			
<b>Greenstone – Longlac Ward</b>											
GL-2	<b>Chateaulac</b> 93 Skinner Avenue	Chateaulac Housing Corporation	NP	SENIOR (60 +)	APT-SS	1	1				
<b>Kakabeka Falls</b>											
KF-1	<b>Legion Park</b> Hwy 11-17	Kakabeka Legion Seniors Development Corporation	NP	SENIOR (60 +)	APT-SS	2	1				
KF-2	<b>Village Apartments Phase I</b> 108 Hill Street	Kay Bee Seniors Non Profit Housing Corporation	NP	SENIOR (60 +)	APT-SS	1		2			
<b>Manitouwadge</b>											
MN-1	<b>Phase I</b> Huron Walk	Manitouwadge Municipal Housing Corporation	NP	SENIOR (60 +)	APT/E	1	1				
MN-2	<b>Phase II</b> Otter Ave	Manitouwadge Municipal Housing Corporation	NP	FAMILY	SEMI	1			3		
MN-3	<b>Phase III</b> Graham Dr	Manitouwadge Municipal Housing Corporation	NP	SINGLE	APT	1	1				
<b>Nipigon</b>											
NI-1	<b>Nipigon Non-Profit</b> 106 Wade Crescent	Nipigon Housing Corporation	NP	SENIOR (60 +) FAMILY		4	1	2			

## ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
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### Marathon

MR-3	<b>Warwick Square</b> 113C-5 Hemlo Drive	Marathon Municipal Non Profit Housing Corporation	MIX	SINGLE	APT/W	1	1					
MR-4	<b>Wildwood Trail</b> 105-4 Wildwood Trail	Marathon Municipal Non Profit Housing Corporation	NP	SINGLE	APT/W	1	1					

### Red Rock

RR-1	<b>Mountainview Crt</b> 30 Taylor Ave	Red Rock Municipal Non Profit Housing Corporation	NP	SENIOR (60 +)	APT-SS	1	1					
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## SUPPORTIVE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				<input checked="" type="checkbox"/> SELECTION BELOW
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C.M.H.A.	<b>C.M.H.A.</b> 425 North Vickers Street	Thunder Bay District Housing Corporation <b>Support: Non-clinical support services</b>	NP	SINGLE PSYCH. DIS. SUPPORTIVE	APT/E	12	1	2				
LENDRUM COURT	<b>June Lendrum Court</b> 283 Pearl Street	Thunder Bay District Housing Corporation	NP	YOUNG MOTHERS SUPPORTIVE	APT/E	24	1	2				
NIP/ROCK LIFE-SKILLS	<b>Phase II</b> 131 Wadsworth Drive, Nipigon	Nipigon Housing Corporation <b>Support by: GACL</b>	NP	DEVELOP. DIS. PHYSICAL DIS. SUPPORTIVE	TH	6	1	2				
TBRR-13	<b>PR Cook Apartments</b> 63 Carrie Street	St. Joseph's Care Group	FED	SENIOR (60 +)	APT/E		1					
ROSS COURT	<b>Ross Court</b> 210 Ross Street	Thunder Bay District Housing Corporation <b>Support by: Avenue II and Lakehad Association for Community Living</b>	NP	DEVELOP. DIS. SUPPORTIVE	APT/W	26	1	2				
B.I.	<b>Wakaigin Housing I</b> Addresses Confidential	Beendigen Inc. <b>Support by: Beendigen Inc.</b>	NP	VICTIMS OF ABUSE - NATIVE FAMILIES	SEMI	18	1	2	3	4		

## SUPPORTIVE MODIFIED HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units				Bedroom Size	<input checked="" type="checkbox"/> SELECTION BELOW
TBMK-5	<b>Cumberland Court</b> 76 South Cumberland Street	Thunder Bay District Housing Corporation <b>Support by: HAGI</b>	NP	FAMILY SINGLE PHYSICAL DIS. SUPPORTIVE	AP T/E	10	1	2			
JASPER PLACE	<b>Jasper Place</b> 1200 Jasper Drive	Thunder Bay District Housing Corporation <b>Support By: Jasper Support Care Services</b>	NP	SENIOR (60 +) SUPPORTIVE	AP T/E	100	1	2			
NIP/ROCK LIFE-SKILLS	<b>Phase II</b> 131 Wadsworth Drive, Nipigon	Nipigon Housing Corporation <b>Support by: GACL</b>	NP	DEVELOP. DIS. PHYSICAL DIS. SUPPORTIVE	TH	1	1				

## ALTERNATIVE HOUSING

THE HABITAT	<b>Unity Place (The Habitat)</b> 219 Pearl Street	Thunder Bay District Housing Corporation <b>Support by: Salvation Army</b>	NP	HOMELESS SUPPORTIVE	AP T/E	34	1	2			
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## 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 (HSI). 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 HSI 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-g 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 Intake, 34 North Cumberland Street, 5<sup>th</sup> 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 5<sup>th</sup> 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).