



**THE DISTRICT OF THUNDER BAY**  
SOCIAL SERVICES ADMINISTRATION BOARD

**CLIENT SERVICES DIVISION**  
The District of Thunder Bay Social  
Services Administration Board  
(Also known as TBDSSAB)  
c/o 34 North Cumberland Street, 4<sup>th</sup> Floor  
Thunder Bay ON P7A 8B9  
Tel: 807-766-2111 / Fax: 807-344-4543

## APPLICATION FOR PROVINCIAL RENT BANK ASSISTANCE

Applicant Last Name:	Applicant First Name:	Date of Birth:
Address:		Postal Code:
Telephone Number: (home) _____ (alternate) _____		
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Departure Order <input type="checkbox"/> Deportation Order		
Are you in receipt of Ontario Works? <input type="checkbox"/> Yes <input type="checkbox"/> No    or    Ontario Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied for Emergency Energy Funding through TBDSSAB within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do not attach copies of financial information.		
Is any household member in receipt of Rent/Occupancy Charge-Geared-To-Income (RGI) Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you renting from a relative or a relative of another household member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received assistance under the Provincial Rent Bank in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when?		
Are you facing eviction? If yes, when _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is it your intention to remain at this address for the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of unit are you renting – circle one: Apartment    Row/Townhouse    Single    Semi    Other		
How much do you owe in rental/occupancy charge arrears?	Number of bedrooms:	
Name(s) and birth date(s) of all other household members		
Name	Date of Birth (MM/DD/YYYY)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Reason(s) for applying

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you prevent future arrears from occurring? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Household Monthly Income</b> (for all household members)		<b>Household Monthly Expenses</b> (for all household members)	
<b>Source of Income</b>	<b>\$ Amount</b>	<b>Expenses</b>	<b>\$ Amount</b>
<b>Gross</b> Earnings (4 weeks)		Rent	
Self Employment		Water	
OW/ODSP		Heat	
CPP/ CPP-D/QPP		Hydro	
Other Pensions (OAS & GIS)		Home Insurance	
Employment Insurance		Loans	
WSIB		Transportation	
Roomer/Boarder Income		Vehicle Insurance	
Rent Revenue		Phone	
Alimony / Support Payments		Medical	
Investment Income		Debt Payment – (Credit Cards, etc-max \$500/month)	
Child Tax Credit		Child Care	
OSAP/Student Grants		Family Support Paid	
Native Band Allowance		Food	
Other:		Other	
<b>Total Income (A)</b>		<b>Total Expenses (B)</b>	

<b>Assets for all Household Members</b>		<b>Summary of Income, Expenses &amp; Assets</b> (for office use only)	
<b>Assets</b>	<b>Amount \$ (C)</b>	<b>Summary</b>	<b>Amount \$</b>
Cash			
Bank Accounts		<b>Total Income (A)</b>	
Investments		<b>Total Expenses (B)</b>	
RRSP's			
Vehicle			
Property			
Other Assets		<b>Total Assets (C)</b>	

**DECLARATION, RELEASE AND CONSENT TO INFORMATION**

I/we declare that all information given in this application is correct and is complete to the best of my/our knowledge. I/we understand that my/our residential dwelling/unit is in a good state of repair and fit for habitation and complies with health, safety, housing and maintenance standards in order to qualify for the Provincial Rent Bank. The application and supporting documents become the property of The District of Thunder Bay Social Services Administration Board.

I/we give consent to the collection of information by, and the release of information to, an authorized representative of The District of Thunder Bay Social Services Administration Board for the purpose of determining or verifying my/our eligibility for the Provincial Rent Bank and administering my/our financial assistance under the Provincial Rent Bank.

Without restricting the generality of the consent I/we specifically consent to the release of information relating to any bank account, safety deposit, assets of any nature or kind whatsoever held by me/us or on my/our behalf or by or on behalf of any of my/our dependent children or children temporarily in my/our care, alone or jointly with any other person, in any financial institution.

I/we further consent to an authorized representative of The District of Thunder Bay Social Services Administration Board, disclosing to any party personal information about me/us, any of my/our dependent children or children temporarily in my/our care, for the purpose of determining or verifying my/our eligibility for financial assistance and administering my/our financial assistance under the Provincial Rent Bank.

I/we further consent to the information being exchanged with a representative of The District of Thunder Bay Social Services Administration Board, the Ministry of Community and Social Services or the Ministry of Municipal Affairs and Housing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our eligibility for financial assistance and administering my/our financial assistance under the Provincial Rent Bank.

I/we understand that this consent will apply to inquiries made relating to my/our eligibility for, as well as my/our part and ongoing receipt of financial assistance under the Provincial Rent Bank. I/we further understand that the inquiries may take the form of electronic data exchanges.

Personal information contained on this form or in attachments is collected under the legal authority of the *District Social Services Administration Boards Act*, or the *Ontario Works Act, 1997*, or the *Social Housing Reform Act, 2000* by The District of Thunder Bay Social Services Administration Board for the purpose of administering the Provincial Rent Bank. Questions about this collection should be directed to: Manager – Housing Services, The District of Thunder Bay Social Services Administration Board, 34 Cumberland Street North, 4th Fl. Thunder Bay Ontario, P7A 8B9, Phone (807)766-2111. Hours of Operation are 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 3:30 p.m.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Revised October 2011