



THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD

## RENT SUPPLEMENT APPLICATION FORM

Personal information is collected under the authority of the Housing Development Act, R.S.O. 1990, c.H.s.2; and the Ministry of Municipal Affairs and Housing Act, R.S.O. 1990, c.M.30. It will be used to determine the suitability of rental units offered by landlords. Personal information may be disclosed to The District of Thunder Bay Social Services Administration Board, the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing. Questions about this collection should be directed to The District of Thunder Bay Social Services Administration Board (TBDSSAB).

<i>To be Completed by Owner or Managing Agent</i>				
<b>Owner</b>				
Name			Telephone No.	
			Email Address:	
Address Code	Municipality	Postal	<b>EFT Form</b> (office use)	
<b>Managing Agent</b>				
Name			Telephone No.	
			Email Address:	
Address Code	Municipality	Postal	<b>EFT Form</b> (office use)	
<b>Building Location</b>				
Unit #	Address	Municipality	Postal Code	Ward
<b>Building Information</b>				
Contact for Building Inspection			Telephone No.	
<b>Please Specify Complex Type</b>				
<input type="checkbox"/> Single/Detached <input type="checkbox"/> Non-Self Contained Housing/Stacked		<input type="checkbox"/> Semi-Detached <input type="checkbox"/> Apartment (Elevator)		<input type="checkbox"/> Condominium <input type="checkbox"/> Apartment (Walk-up)
		<input type="checkbox"/> Duplex <input type="checkbox"/> Row Housing		<input type="checkbox"/> Triplex <input type="checkbox"/> Row
<b>Number of Storeys</b>	<b>Year Built</b>		<b>Total No. of units in Building</b>	



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Units Available	Floor Area (Sq. Ft.)	Number of Units Offered		Monthly Rent
		Regular	Accessible/Modified	
Bachelor/Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				

Please specify if the following are included as part of the rent:		Included	Not Included	Additional Charges
Heating Method:				
Hot Water Tank: <input type="checkbox"/> Rental <input type="checkbox"/> Owned				
	Hot Water			
	Water			
	Hydro			
	Refrigerator			
	Stove			
	Washer/Dryer			\$
Television Service	Cable TV			\$
Parking	Indoor			\$
	Outdoor			\$
Recreation	Swimming Pool			\$
Other (Specify):				\$

**Effective Date:**

I hereby certify that the above information is correct and the rents are in accordance with the <i>Residential Tenancies Act, 2006, S.O.2006, c.17</i>	<b>Authorized Signature and Title</b>	<b>Date</b>
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## FOR OFFICE USE ONLY

<b>BUILDING DESCRIPTION AND CONDITIONS</b>
Exterior
Parking Facilities
Landscaping
Structural
Mechanical
Janitorial Services
Elevators
Tenant Restrictions

<b>COMMUNITY SERVICES</b>
Schools
Churches
Day Care
Transportation
Recreational Facilities
Nearest Main Intersection
Other:



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<b>GENERAL</b>		
Unit – Special Features		
Property – Special Features		
General Comments		
Recommendations		
Units Approved		
<b>Proposed Term of Agreement:</b>	<b>Completion Date:</b>	<b>Occupancy Date:</b>
<b>Inspected By:</b>	<b>Date:</b>	

**Please return completed application to:**

**The District of Thunder Bay  
Social Services Administration Board  
231 South May Street  
Thunder Bay, ON P7E 1B5  
Attn: Housing Programs Officer**