



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:		Band Number:	

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 Client 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:	Prov:	Postal Code:
Move In Date:	Amount of Rent Paid:	

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)	Move In Date:	Move Out Date:
Landlord Name:		
Landlord Phone Number:		
Landlord Address:		
City:	Province:	Postal Code:

2

Tenant Name:		
Address:		
City:	Province:	Postal Code:
Tenancy Dates (MM/YY)	Move In Date:	Move Out Date:
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 any housing project under any housing program, 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 sell residential property (divest) 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"/> 6-Bedroom |
| <input type="checkbox"/> 4-Bedroom | <input type="checkbox"/> 5-Bedroom | |

Geographic Area: Please select a geographic area below & make a specific selection on the **Project Selection Sheet**

Thunder Bay – No Preference

Thunder Bay North

- Current River Ward
- McIntyre Ward
- McKellar Ward North
- Red River Ward

Thunder Bay South

- McKellar Ward South
- Neebing Ward
- Northwood Ward
- Westfort Ward

District of Thunder Bay

- Geraldton Ward
- Longlac Ward
- Nakina Ward
- Manitouwadge
- Marathon
- Nipigon
- Savant Lake
- Upsala

Accessibility:

Can you climb stairs? Yes No

Comments:

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 - 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				 SELECTION BELOW
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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 Dr 	TBDSSAB	LHC	FAM	TH	12		3	4		
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Manitouwadge












MN-1	Phase I Moose Drive, Otter Ave	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			() SELECTION BELOW
MR-1	Abrams St	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		
MR-5	Rent Supplement Program Various Addresses	TBDSSAB	RS	FAM	N/A	N/A	2			
Nipigon										
NI-1	106 Wade Cres 	TBDSSAB	NP	FAM	SEMI APT	10	2			
NI-1	102 & 104 A&B Wade Cres 	TBDSSAB	NP	FAM	SEMI	4	2	3		
NI-2	Greenmantle Dr 	TBDSSAB	LHC	FAM	DET	6		3	4	
Thunder Bay North – Current River Ward										
TBCR-3	Diversified Units  Shuniah, Arundel,	TBDSSAB	NP	FAM	SEMI	8		3	4	
TBCR-5	Matawa – Wave 2 North Fitzgerald St, Otto St, Rona St	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	TBDSSAB	NP	FAM	SEMI	2	2			
TBCR-11	Wakaigin Housing II	Beendigen Inc.	NP	FAM	SEMI	2	2	3		
TBCR-13	Rent Supplement Program Various Addresses	TBDSSAB	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 Dr	Lutheran Community Housing Corporation	NP	FAM	APT/E	18	2			
TBMI-4	Walkover/Piccadilly/ Regina/Lanark 	TBDSSAB	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	TBDSSAB	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				SELECTION BELOW
TBMK-1	Academy Heights 75 Academy Dr 	TBDSSAB	LHC	FAM	APT/W	29	2				
TBMK-2	Academy Heights Trillium Place/Way/Court 	TBDSSAB	LHC	FAM	TH	51	2	3	4		
TBMK-5	Cumberland Court 76 S Cumberland St 	TBDSSAB	NP	FAM	APT/E	13	2				
TBMK-6	Diversified Units First Ave, Atlantic Ave, River Road 	TBDSSAB	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 St 	Lutheran Community Housing Corporation	NP	MIX	APT/E	4	2				
TBMK-20	Scattered Units Ryde Ave 	TBDSSAB	NP	FAM	SEMI	2		3			
TBMK-23	Queen's Park Hill St, Ray Blvd, Rupert St 	TBDSSAB	LHC	FAM	SEMI	28		3	4	5	
TBMK-25	Rent Supplement Program Various Addresses	TBDSSAB	RS	FAM	N/A	N/A	2	3			





Thunder Bay North – Red River Ward

TBRR-1	Blucher Park Blucher St 	TBDSSAB	NP	FAM	SEMI	53	2	3	4		
TBRR-2	Diversified Units Picton Ave 	TBDSSAB	NP	FAM	SEMI	2		3			
TBRR-4	Forest Park Clarkson Ave, Windsor St, John St 	TBDSSAB	LHC	FAM	DET SEMI	25	2	3	4	5	
TBRR-7	John Street 707 John Street 	TBDSSAB	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 	TBDSSAB	NP	FAM	SEMI	16		3			
TBRR-10	Picton, Tamarack Picton Ave, Tamarack 	TBDSSAB	NP	FAM	SEMI	46		3	4		
TBRR-11	Picton III 69-111 Picton Ave 	TBDSSAB	NP	FAM	SEMI	22		3			
TBRR-12	Picton Place II Picton Ave 	TBDSSAB	NP	FAM	SEMI	50	2	3	4		
TBRR-17	Scattered Units Hill St, Windemere Ave 	TBDSSAB	NP	FAM	SEMI	4		3			
TBRR-18	Sequoia Park 200-304 Sequoia Dr 	TBDSSAB	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 St 	TBDSSAB	LHC	FAM	TH	51	2	3	4		
TBRR-21	Rent Supplement Program Various Addresses	TBDSSAB	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				() SELECTION BELOW
	Beendigen 329 S. May St	Beendigen Inc.	NP	FAM	DET	1			4		
TBMK-10	Matawa – Wave 2 631 McLaughlin St	Matawa Non Profit Housing Corporation	NP	FAM	SEMI	N/A		3			
TBMK-13	McLaughlin Court  824 McLaughlin St	TBDSSAB	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, 228 Syndicate	Native People of Thunder Bay Development Corporation	FED RS	NAT FAM	DET	8	2	3	4	6	
TBMK-25	Rent Supplement Program Various Addresses	TBDSSAB	RS	FAM	N/A	N/A	2	3			

Thunder Bay South – Northwood Ward

TBNW-2	Glenwood Court  170 W Donald St	TBDSSAB	NP	FAM	APT/E	25	2				
TBNW-6	James Street N  	TBDSSAB	LHC	FAM	FOUR	24	2				
TBNW-9	Limbrick Place  	TBDSSAB	LHC	FAM	TH	102	2	3	4	5	
TBNW-12	Scattered Units  Erindale Cr, Redwood Ave, Newberry Cr	TBDSSAB	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	TBDSSAB	RS	FAM	N/A	N/A	2	3			

Thunder Bay South – Westfort Ward

TBW-1	Frederica Street W  	TBDSSAB	NP	FAM	TH	24		3			
TBW-2	Hall Place  	TBDSSAB	LHC	FAM	DET	3	2	3			
TBW-3	Isabella St E  	TBDSSAB	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	TBDSSAB	LHC	FAM	DET	10	2	3			

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Unit	Bedroom Size				 SELECTION BELOW
							2	3	4		
TBW-8	Moodie St E 	TBDSSAB	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 	TBDSSAB	NP	FAM	APT SEMI	16	2				
TBW-11	Ridgeway St 	TBDSSAB	LHC	FAM	DET	8		3			
TBW-12	Ruskin Cres 	TBDSSAB	LHC	FAM	DET	20	2	3	4		
TBW-15	Rent Supplement Program Various Addresses	TBDSSAB	RS	FAM	N/A	N/A	2	3			

Section 8 – 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, Client Services Division, Client 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 Client 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 *Housing Services Act*, (2011), 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 Steven Melnichuk, Chief Privacy Officer, 231 May Street South, Thunder Bay ON P7E 1B5, (807) 766-2111 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 Client 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 Client 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 Client Services Intake of any changes in information within 30 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 Client 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 Client Services Intake is committed to equality, diversity, and non-discrimination.

CLIENT SERVICES INTAKE

231 May Street South, Thunder Bay ON P7E 1B5

(807) 766-2111 1-877-281-2958 FAX: (807) 623-4902 www.tbdssab.ca

Attach the following documents to your application

We do not accept faxed or copied applications or Medical Reports

**If you do not submit all documents, your application will be returned by mail
Please advise our office if your contact information changes**

Anyone over the age of 16 must sign the application

IDENTIFICATION

Proof of Status in Canada: Everyone on the application must provide one of the following: Birth Certificate, Baptismal Certificate, Live Birth Statement, Valid Canadian Passport, Valid Status Card, Canadian Citizenship Documents, Immigration Papers, Permanent Residents Card or Refugee Claimant.

Social Insurance Number (SIN): For anyone 16 years of age and older. (Proof of SIN# on income tax documents accepted)

We DO NOT accept Health Cards or Driver's License as a form of identification

Status Card: If applying for Indigenous Housing units, your household must be 50% Indigenous status.

INCOME / ASSETS

Ontario Works or Ontario Disability Support Program participants are not required to provide income or income tax verification unless receiving from a First Nation Reserve.

Bank Information: The most recent 3 months of complete bank statements or copies of bank books for all bank accounts for all members.

Investments: Copies of all GIC's, Canada Savings Bonds, RRSP's and any other investment statement showing the current value and investment details.

Verification of all sources of income: Most recent pay stubs or letter from your employer indicating the same; Employment Insurance benefits; self-employment monthly statements from business; OAS; CPP; all other pensions, OSAP, Student grants, etc.

Self-Employment: A copy of latest income tax return, with all T4s/T5s or monthly statements from the business.

Income Tax Return: Notice of Assessment or Income Tax Return or E-file. If you are unable to locate these documents, please contact Canada Revenue Agency at 1-800-959-8281 to request a copy.

T-Slips: All T3/T4/T5's to match the Notice of Assessment or E-File. If you are unable to locate these documents, please contact Canada Revenue Agency at 1-800-959-8281 to request a copy.

Life Insurance Policy: Please provide the most recent policy statement showing any current cash value.

Property: If you own property, a written estimate of its value is required. (MPAC statement or most recent / current Property Tax Bill)

CUSTODY ARRANGEMENTS / OTHER DEPENDENTS

Proof of Custody of Dependents: Legal documents (Court papers) or letter signed by the primary care giver stating overnight visits. Custody verification affidavit (form available at Housing Services Intake Office), letter from Child Welfare (Dilico / CAS).

Pregnancy: Letter from Doctor, Nurse Practitioner or Midwife stating approximate due date of delivery.

OTHER

Involuntary Separation Agreement: Copy of SCISP-3020 (2017-01-05)E form required from Service Canada

Special Priority Request: Declaration package with support letter from a verifier. Proof of co-habitation may be required.

Exceptional Status: Documentation required to verify situation (medical reports, reunification plan, etc.) as per the eligibility criteria.

Additional Bedroom Request: Medical Report required (available at Client Services Intake (CSI)).

Supportive Housing: Medical Report may be required (available at CSI).