



THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD

# SENIORS

## 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 Another 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"/> Married		<input type="checkbox"/> Divorced <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"/> Indian Status	<input type="checkbox"/> Permanent Resident <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:	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	Province	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"/> Parent	<input type="checkbox"/> Other	<input type="checkbox"/> Grandparent
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**Section 3 - 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:**

<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 in any housing project under any housing program, 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 sell residential property (divest) within six (6) months of receiving RGI assistance?</b>

**Section 4 - 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>\$ Gross Monthly Amount</b>	<b>\$ Gross Monthly 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>

Income Producing Assets		\$ 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
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 5 - 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"/> Bed-Sit
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**Geographic Area:** *Please select a geographic area and make a project-specific selection on the **Project Selection Sheet***

<b>Thunder Bay – No Preference</b>			
<b>Thunder Bay North</b>	<b>Thunder Bay South</b>	<b>District of Thunder Bay</b>	
<input type="checkbox"/> Current River Ward	<input type="checkbox"/> McKellar Ward South	<input type="checkbox"/> Geraldton Ward	<input type="checkbox"/> Nipigon
<input type="checkbox"/> McIntyre Ward	<input type="checkbox"/> Northwood Ward	<input type="checkbox"/> Longlac Ward	<input type="checkbox"/> Red Rock
<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	

**Accessibility:**

<b>Can you climb stairs?</b>	Yes	No
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**Comments:**

Do all household members reside in present accommodation?	Yes	No
If No, Explain: _____		

## Section 6 - Building Selection






### SENIORS' BUILDINGS











#### Explanation of Symbols:

APT/E	Apartment with Elevator		LHC	Local Housing Corporation
APT-SS	Apartment Single Story		NP	Non-Profit Provider
APT/W	Walk-up Apartment		TH	Townhouse
RS	Rent Supplement Landlord			

#### 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.

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Minimum Age	Bldg Type	# of units	Bedroom Size			<input checked="" type="checkbox"/> SELECTION BELOW
<b>Greenstone – Geraldton Ward</b>										
GG-1	<b>Fisher Court</b> 401 Fourth Ave SW 	TBDSSAB	LHC	<b>50+</b>	APT/W	20		1		
GG-2	<b>Neill Court</b> 401-R Fourth Ave SW 	TBDSSAB	LHC	<b>50+</b>	APT/W	21		1		
<b>Nipigon</b>										
NI-3	<b>Sjolander Court</b> 174 Bell Street 	TBDSSAB	LHC	<b>50+</b>	APT/E	20		1		
<b>Schreiber</b>										
SB-1	<b>Collingwood Court</b> 610 Winnipeg Street 	TBDSSAB	LHC	<b>50+</b>	APT/E	23		1		
<b>Thunder Bay North – Current River Ward</b>										
TBCR-12	<b>Wardrobe Court</b> 544 N Court St 	TBDSSAB	LHC	<b>50+</b>	APT/E	60		1	2	
TBCR-13	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MIXED</b>	N/A	N/A	N/A	1		

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Minimum Age	Bldg. Type	# of Units	Bedroom Size			( <input type="checkbox"/> ) SELECTION BELOW
<b>Thunder Bay North – McKellar Ward North</b>										
TBMK-11	<b>Matthews Court</b> 201 Ravenwood Ave 	TBDSSAB	LHC	<b>50+</b>	APT/E	101		1	2	
TBMK-18	<b>R.K. Andras Court</b> 120, 122 S Cumberlan 	TBDSSAB	NP FED	<b>50+</b>	APT/E	221	0	1	2	
TBMK-24	<b>Queen's Park</b> Rupert St 	TBDSSAB	LHC	<b>50+</b>	TH	4		1		
TBMK-25	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MIXED</b>	N/A	N/A		1		
TBMK-26	<b>Rent Supplement Program</b> Various Addresses	NORTHERN LINKAGE	RS	<b>MIXED</b>	N/A	N/A		1		
<b>Thunder Bay South – McKellar Ward South</b>										
TBMK-3	<b>Assef Court</b> 925 Simpson St 	TBDSSAB	LHC	<b>50+</b>	APT/E	78		1	2	
TBMK-12	<b>McIvor Court</b> 1100 Lincoln St 	TBDSSAB	LHC	<b>50+</b>	APT/E	121		1	2	
TBMK-21	<b>Seppala Court</b> 600 McLaughlin St 	TBDSSAB	LHC	<b>50+</b>	APT/W	22		1		
TBMK-25	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MXED</b>	N/A	NA		1		
<b>Thunder Bay South – Northwood Ward</b>										
TBNW-1	<b>Badanai Court</b> 150 W Donald St 	TBDSSAB	LHC	<b>50+</b>	APT/W	30		1		
TBNW-7	<b>Legion Housing</b> 3 Donald St, Valour Pl  Grey St, Minot Pl	TBDSSAB	LHC	<b>50+</b>	SEMI	16		1		
TBNW-14	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MIXED</b>	N/A	N/A		1		
<b>Greenstone – Longlac Ward</b>										
GL-2	<b>Chateaulac</b> 93 Skinner Ave	Chateaulac Housing Corporation	NP	<b>55+</b>	APT-SS	12		1	2	
<b>Kakabeka Falls</b>										
KF-1	<b>Legion Park</b> Hwy 11-17 	Kakabeka Legion Seniors Development Corp	NP	<b>60+</b>	APT-SS	10		1	2	
KF-2	<b>Village Apartments Phase I</b> 108 Hill St	Kay Bee Seniors Non Profit Housing Corp	NP	<b>60+</b>	APT-SS	20		1	2	
KF-3	<b>Village Apartments Phase II</b> 110 Hill St	Kay Bee Seniors Non Profit Housing Corp	NP	<b>60+</b>	APT-SS	10		1	2	
<b>Manitouwadge</b>										
MN-1	<b>Phase I</b> 84 Huron Walk	Manitouwadge Municipal Housing Corporation	NP	<b>60+</b>	APT/E	13		1	2	
<b>Red Rock</b>										
RR-1	<b>Mountainview Crt</b> 30 Taylor Ave 	Red Rock Municipal Non Profit Housing Corporation	NP	<b>60+</b>	APT-SS	12		1	2	

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Minimum Age	Bldg. Type	# of Units	Bedroom Size			( <input 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	<b>60+</b>	APT/E	30		1	2	
<b>Thunder Bay North – McIntyre Ward</b>										
TBMI-3	<b>Suomi Koti</b> 527 County Blvd	Suomi Koti Inc.	NP	<b>60+</b>	APT/E	60		1	2	
TBMI-6	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MIXED</b>	N/A	N/A		1		
<b>Thunder Bay North – McKellar Ward</b>										
TBMK-22	<b>St. Paul's Place</b> 30 Secord St	St. Paul's United Church Housing Corporation of Thunder Bay	NP	<b>60+</b>	APT/E	30		1	2	
<b>Thunder Bay North – Red River Ward</b>										
TBRR-3	<b>Elizabeth Court</b> 275 Madeline Street	TBDSSAB	LHC	<b>60+</b>	APT/E	121		1	2	
TBRR-5	<b>Good Shepherd Village Phase I</b> 51 Walkover St	Lakehead Christian Senior Citizen Apartments	RS FED	<b>60+</b>	APT/E	30		1	2	
TBRR-6	<b>Good Shepherd Village Phase II</b> 51 Walkover St	Lakehead Christian Senior Citizen Apts	NP	<b>60+</b>	APT/E	30		1	2	
TBRR-13	<b>PR Cook Apartments</b> 63 Carrie Street	St. Joseph's Care Group	RS FED	<b>60+</b>	APT/E	181	0	1		
TBRR-16	<b>Clark Towers</b> 9 Regent Street	TBDSSAB	LHC	<b>60+</b>	APT/E	114		1	2	
TBRR-21	<b>Rent Supplement Program</b> Various Addresses	TBDSSAB	RS	<b>MIXED</b>	N/A	N/A		1		
<b>Thunder Bay South - McKellar Ward</b>										
TBMK-8	<b>Legion Manor</b> 225 Ross Street	Fort William Legion Branch #6 Non Profit Housing Corporation	NP	<b>60+</b>	APT/E	39		1	2	
TBMK-17	<b>Paterson Court</b> 148 N May Street	TBDSSAB	NP	<b>60+</b>	APT/E	111		1	2	
<b>Thunder Bay – Northwood Ward</b>										
TBNW-10	<b>Manion Court</b> 130 W Donald St	TBDSSAB	LHC	<b>60+</b>	APT/E	102		1	2	
TBNW-5	<b>Holy Cross Villa</b> 411 Frontenac Bay	Holy Cross Villa of Thunder Bay	NP	<b>60+</b>	APT/E	30		1	2	

## Section 7 – 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 1-877-281-2958.

**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](http://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).