



Tips for Completing Your Application for a Transfer:

1. Complete all sections of the application and provide the required document(s). If any questions are left unanswered, your application will be deemed incomplete and will be mailed back to you. Be sure to include the reason you are looking for a transfer. Please print in blue or black ink.
2. We encourage you to hand-deliver your application and document(s) to The District of Thunder Bay Social Services Administration Board. Your application will be date-stamped and photocopies of your documents may be taken. If this is inconvenient for you, you may mail your completed application with photocopies of the required identification and income documents. Faxes will not be accepted.
3. Remember to sign your application. All applicants 16 years of age and older must sign and date the last page of the application.
4. If you have any difficulties completing this application, please contact:

The District of Thunder Bay Social Services Administration Board
231 May Street, South
Thunder Bay, ON P7E 1B5
Phone: (807) 766-2111 Toll Free: 1-877-281-2958

In order to qualify for a transfer you must be able to answer 'YES' to the following:

1. Have you resided at your present address for a period of no less than 12 months?
2. Have you paid your rent on time for the past six months and are you free of arrears at the present time?
3. Do you owe any arrears (money) to any other subsidized housing provider (landlord)?
4. You have not been issued a "Notice to Vacate."
5. You do not have any unresolved damages to your unit.
6. You are applying for a transfer under one of the following circumstances:
 - a. Special Priority: Victim of family violence. Your household must provide a "Verification Declaration Package" to verify your situation.
 - b. Urgent: Medical Status or Safety Status
 - c. Displacement due to fire or other disaster
 - d. Necessity to escape family abuse
 - e. A medical condition where the current unit is inaccessible, aggravates the medical condition, prevents treatment or increases the cost of treatment. An "Attending Physician's Report" must be completed by your doctor outlining the reason(s) he/she is recommending a transfer.
 - f. Overhoused: the number of bedrooms exceeds those required by the household. Overhoused households may be automatically placed on the waiting list.
 - g. Underhoused: The number of bedrooms is insufficient for the needs of the household. Unborn children may be allocated a bedroom when medical confirmation of the pregnancy is provided. Foster children are not recognized as an increase in family composition and cannot be allocated a bedroom.
 - h. Transportation: A household may be considered for a transfer if transportation between the place of employment and the home is excessive or unavailable. The household must demonstrate stable employment defined by a period of employment with the same employer for a minimum of six (6) months.
7. **NOTE: We are now smoke free. Proof of tenant insurance and a two (2) pet limit will apply at the time of transfer.**

REQUIRED DOCUMENTS: Your application will NOT be assessed for eligibility if it is not accompanied by the required document(s).

1. A REASON, IN WRITING, WHY YOU ARE REQUESTING A TRANSFER.

2. PREGNANCY (if applicable and if it will create an underhoused situation)

- A note from your physician or mid-wife indicating the approximate due date of the baby

3. SPECIAL PRIORITY STATUS (if applicable)

- If you or a member of your family are experiencing family violence, personal safety issues of an extraordinary nature, or serious medical/health needs which would result in great hardships if you are required to wait a prolonged period of time, you may qualify for one of the following priority statuses:
 - **Special Priority Status:** Verification Declaration package available from the TBDSSAB
 - **Urgent Medical Status:** Attending Physician's Report package must be completed
 - **Urgent Safety Status:** Please provide documentation supporting your claim

4. CUSTODY OF DEPENDENTS (if single parent)

- If you are applying as underhoused for any new members of the household.

5. OVERHOUSED/UNDERHOUSED

- Please provide a listing of current members residing in the unit
- Identification and custody information for any new household members
- If a new household member is 16 years of age or older, an add-on application must be completed also.

6. TRANSPORTATION

- Confirmation of start date at place of employment along with work address
- Confirmation that there are no other means of transportation available (i.e. family vehicle, public transportation, etc.)

7. ONE OFFER

- Effective January 1, 2020 all applicants will only be provided with **one offer** to be transferred, based on the housing selections the applicant has made. If the offer is refused, the application will be cancelled and your subsidy can be jeopardized. **Please ensure your waitlist selections are your preferred property choices. Failure to respond to the offer within 7 days will result in the application being cancelled**

DEFINITIONS AND TERMS USED IN THE APPLICATION:

ACCESSIBLE UNIT: a unit without entry barriers to wheelchair and walker access.

MODIFIED UNIT: a unit that has been fully or partly modified to allow individuals with wheelchairs to live independently.

OVERHOUSED: the number of bedrooms exceeds those required by the household

PRIORITY STATUS: refers to the fact that some applicants may be disadvantaged by a chronological tenant selection system and have unique circumstances, sometimes beyond their control. These circumstances may qualify the applicant for "Special" or "Urgent" status that gives them priority placement on the waiting list. Additional documentation is required to determine eligibility. Further details of these special statuses are outlined in the ***Guide to Social Housing*** available at The District of Thunder Bay Social Services Administration Board.

SENIOR: is for individuals sixty (60) years of age or older. In the case of a senior couple, one person must be sixty (60) years of age or older in order to qualify.

UNDERHOUSED: The number of bedrooms is insufficient for the needs of the household. Unborn children may be allocated a bedroom when medical confirmation of the pregnancy is provided. Foster children are not recognized as an increase in family composition and cannot be allocated a bedroom.

The District of Thunder Bay Social Services Administration Board is required to maintain a transfer waiting list and a supportive housing waiting list.

Section 1 – Primary Applicant Details: Senior Family Single

Salutation:				<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:		

I am applying for **Geraldton Native Housing Corporation** and confirm that at least half of the approved occupants in the housing unit leased by me are also persons of "Native Ancestry." Yes

Special Priority - This pertains to all members listed on the application

<input type="checkbox"/> I am applying for special priority status because I or someone in my household is currently a victim of abuse.
<input type="checkbox"/> 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 <i>Verification Declaration Package</i> from The District of Thunder Bay Social Services Administration Board.

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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Monthly Housing Expenses: \$

Current Landlord Information

Landlord Name:	Landlord Telephone Number:
Length of Tenancy (Months):	Number of Bedrooms:

Section 2 – Co-Applicant Details

Salutation:	<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:

Mailing Address (Leave blank if the same as Applicant)

Address:	Apt No.:	
City:	Province:	Postal Code:

Telephone Numbers (Leave blank if the same as Applicant)

Home:	Mobile:
Work:	Can you take personal <input type="checkbox"/> Yes <input type="checkbox"/> No calls?
Can we safely contact you at this address and phone	<input type="checkbox"/> Yes <input type="checkbox"/> No number?
If no, where can we contact you?	

Persons to contact in your absence or to act as an interpreter

Name	Relationship	Telephone Number(s)

Present Accommodation (Leave blank if the same as Applicant)

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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Monthly Housing Expenses: \$

Current Landlord Information (Leave blank if the same as Applicant)

Landlord Name:	
Landlord Telephone Number:	
Length of Tenancy (Months):	Number of Bedrooms:

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 ever received rent-gearred-to-income assistance?

Yes No

If Yes, please complete the following: If there are more than 2 tenancies please attach write them on a separate sheet and attach to your application form.

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:

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	\$ Amount	\$ Amount	\$ Amount	\$ 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"/> 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**)

If you are applying for a transfer due to an overhoused/underhoused situation, you may only select Thunder Bay North or Thunder Bay South. You may not specify a specific ward or project.

Thunder Bay—No Preference

Thunder Bay North

Current River Ward
McIntyre Ward
McKellar Ward North
Red River Ward

Thunder Bay South

McKellar Ward South
Northwood Ward
Westfort Ward

District of Thunder Bay

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Geraldton Ward | <input type="checkbox"/> Schreiber |
| <input type="checkbox"/> Longlac Ward | |
| <input type="checkbox"/> Marathon | |
| <input type="checkbox"/> Nipigon | |

Accessibility:

I/We require a unit with special accessibility options
I/We require the following type of unit:
(Eligibility requires an **Attending Physician's Report** if applicable.)

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheelchair Accessible | |
| <input type="checkbox"/> Barrier Free (Internally modified for wheelchair) | |
| <input type="checkbox"/> Other Accessibility (walker, braces etc) | |
| <input type="checkbox"/> Other Modifications (Hearing Impairment etc.) | |
| Please Specify: | |

Can you climb stairs?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) Please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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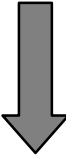
I/We have applied for housing within one year of entering Canada Please specify date of entry (MM/DD/YYYY):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I/We have serious medical or health needs which would result in great hardships if I/we were to be required to wait a prolonged period of time to access housing. (Please contact our office to obtain the Attending Physician's Report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 8 - Building Selection

PROJECT SELECTION SHEET

Explanation of Symbols:			
APT/E	Apartment with Elevator	NAT/FAM	Native Families
APT-SS	Apartment Single Storey	NP	Non-Profit Provider
APT/W	Walk-up Apartment	PHY	Physically Challenged
DET	Detached Single Family Home	PSD	Psychiatric Disabilities
DEV	Developmentally Challenged	SEMI	Semi-Detached
DUP	Duplex	SEN	Senior Citizen
FAM	Family	SIN	Single Person
FOUR	Fourplex	SPN	Special Needs
HOM	Homeless/Hard to House	SUP	Supportive Housing
LHC	Local Housing Corporation	TH	Townhouse
MIX	Mixed	VOA	Victims of Abuse

<p>INSTRUCTIONS: Please mark an "X" in the "Selection" box beside your choice(s)</p> <p>PLEASE NOTE: If you do not indicate any preference for a geographic area or a housing project, you will be put on the waiting list for ALL the housing projects in the Thunder Bay District. Please select housing projects that offer the number of bedrooms for which you are eligible.</p>	<p>"X" Make Your Selection Here</p> 
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Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
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Greenstone – Geraldton Ward

GG-1	Fisher Court 401 Fourth Ave SW	TBDSSAB	LHC	SEN	APT/W	20		✓						
GG-2	Neill Court 401-R Fourth Ave SW	TBDSSAB	LHC	SEN	APT/W	21		✓	✓					

Greenstone – Longlac Ward

GL-1	Centennial Drive	TBDSSAB	LHC	FAM	TH	12				✓	✓			
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Applicant: _____

Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
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Nipigon

NI-1	Greenmantle Apt Wade Cres	TBDSSAB	NP	FAM SEN	SEMI APT- SS	10		✓	✓	✓				
NI-2	Greenmantle Dr	TBDSSAB	LHC	FAM	DET	6				✓	✓			
NI-3	Sjolander Court 174 Bell St	TBDSSAB	LHC	SEN	APT/ W	20		✓						
NI-4	Wadsworth Dr	TBDSSAB	LHC	FAM	DET	3				✓	✓			

Schreiber

SB-1	Collingwood Court 610 Winnipeg St	TBDSSAB	LHC	SEN	APT/ E	23		✓						
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Applicant: _____

Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
THUNDER BAY NORTH														

Thunder Bay – Current River Ward

TBCR-3	Diversified Units Shuniah, Arundel, Grenville, Stephens	TBDSSAB	NP	FAM	SEMI	n/a				✓	✓			
TBCR-8	Scattered Units Conyers St	TBDSSAB	NP	FAM	SEMI	n/a				✓	✓			
TBCR-12	Wardrobe Court 544 N Court St	TBDSSAB	LHC	SEN	APT/ E	60		✓	✓					

Thunder Bay – McIntyre Ward

TBMI-4	Walkover/Piccadilly/ Regina Ave/Lanark Cres	TBDSSAB	NP	FAM	SEMI	16				✓	✓			
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Thunder Bay – McKellar Ward North

TBMK-1	Academy Heights 75 Academy Dr	TBDSSAB	LHC	FAM	APT/ W	29			✓					
TBMK-2	Academy Heights Trillium Place/Way/Court	TBDSSAB	LHC	FAM	TH	51			✓	✓	✓			
TBMK-5	Cumberland Court 76 S Cumberland St	TBDSSAB	NP	FAM SUP	APT/ E	30		✓	✓				✓	
TBMK-6	Diversified Units First Ave, Atlantic Ave, River St	TBDSSAB	NP	FAM	SEMI	n/a				✓	✓			
TBMK-11	Matthews Court 201 Ravenwood Ave	TBDSSAB	LHC	SEN	APT/ E	10 1		✓	✓					
TBMK-18	R.K. Andras Court 120, 122 S Cumberland St	TBDSSAB	NP FED	SEN SPN	APT/ E	22 1	✓	✓	✓					
TBMK-20	Scattered Units Ryde Ave	TBDSSAB	NP	FAM	SEMI	n/a				✓				
TBMK-23	Queen's Park Hill St, Ray Blvd, Rupert St	TBDSSAB	LHC	FAM	SEMI	28				✓	✓	✓		
TBMK-24	Queen's Park Rupert St	TBDSSAB	LHC	SEN	TH	4		✓						

Applicant: _____

Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
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Thunder Bay – Red River Ward

TBRR-1	Blucher Park Blucher St	TBDSSAB	NP	FAM	SEMI	53			✓	✓	✓			
TBRR-2	Diversified Units Picton Ave	TBDSSAB	NP	FAM	SEMI	n/a				✓				
TBRR-3	Elizabeth Court 275 Madeline St	TBDSSAB	LHC	SEN 60+	APT/ E	12 1		✓	✓					
TBRR-4	Forest Park Clarkson Ave, Windsor St, John St	TBDSSAB	LHC	FAM	DET SEMI	25			✓	✓	✓	✓		
TBRR-7	John Street 707 John St	TBDSSAB	LHC	FAM	TH	46			✓	✓	✓	✓		
TBRR-9	Parsons Parsons Ave, Melvin Ave, Kenwood Ave	TBDSSAB	NP	FAM	SEMI	16				✓				
TBRR-10	Picton, Tamarack Picton Ave, Tamarack	TBDSSAB	NP	FAM	SEMI	46				✓	✓		✓	
TBRR-11	Picton III 69-111 Picton Ave	TBDSSAB	NP	FAM	SEMI	22				✓				
TBRR-12	Picton Place II Picton Ave	TBDSSAB	NP	FAM	SEMI	50			✓	✓	✓			
TBRR-16	Clark Towers 9 Regent St	TBDSSAB	LHC	SEN 60+	APT/ E	11 4		✓	✓				✓	
TBRR-17	Scattered Units Hill St, Windemere Ave	TBDSSAB	NP	FAM	SEMI	n/a				✓	✓			
TBRR-18	Sequoia Park 200-304 Sequoia Dr	TBDSSAB	RS FED	FAM	SEMI	52				✓	✓			
TBRR-20	Windsor Street 288 Windsor St	TBDSSAB	LHC	FAM	TH	51			✓	✓	✓			

Applicant: _____

Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
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THUNDER BAY SOUTH

Thunder Bay - McKellar Ward South

TBMK-3	Assef Court 925 Simpson St	TBDSSAB	LHC	SEN	APT/ E	78		✓	✓				✓	
TBMK-12	McIvor Court 1100 Lincoln St	TBDSSAB	LHC	SEN	APT/ E	12 1		✓	✓					
TBMK-13	McLaughlin Court 824 McLaughlin St	TBDSSAB	NP	FAM	APT/ W	12		✓	✓					
TBMK-17	Paterson Court 148 N May St	TBDSSAB	NP	SEN 60 +	APT/ E	11 1		✓	✓				✓	
TBMK-21	Seppala Court 600 McLaughlin St	TBDSSAB	LHC	SEN	APT/ W	22		✓						

Thunder Bay – Northwood Ward

TBNW-1	Badanai Court 150 W Donald St	TBDSSAB	LHC	SEN	APT/ W	30		✓						
TBNW-2	Glenwood Court 170 W Donald St	TBDSSAB	NP	FAM	APT/ E	48		✓	✓				✓	
TBNW-6	James Street N	TBDSSAB	LHC	FAM	FOUR	24			✓					
TBNW-7	Legion Housing E Donald St, Valour Pl, Grey St, Minto Pl.	TBDSSAB	LHC	SEN	SEMI	16		✓						
TBNW-9	Limbrick Place	TBDSSAB	LHC	FAM	TH	10 2			✓	✓	✓	✓		
TBNW-10	Manion Court 130 W Donald St	TBDSSAB	LHC	SEN 60 +	APT/ E	10 2		✓	✓					
TBNW-12	Scattered Units Erindale Cr, Redwood Ave, Newberry Cr	TBDSSAB	NP	FAM	SEMI DUP	n/a				✓	✓			

Applicant: _____

Building Code	Project Name Project Address	Housing Provider	Provider Type	Tenant Type Mandate	Building Type	# of Units	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom	Modified	Selection
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Thunder Bay – Westfort Ward

TBW-1	Frederica St W	TBDSSAB	NP	FAM	TH	24			✓					
TBW-2	Hall Place	TBDSSAB	LHC	FAM	DET	3		✓	✓				✓	
TBW-3	Isabella St E	TBDSSAB	LHC	FAM	DET	7		✓	✓					
TBW-7	McGregor Ave	TBDSSAB	LHC	FAM	DET	10		✓	✓					
TBW-8	Moodie St E	TBDSSAB	LHC	FAM	DET	14		✓	✓	✓				
TBW-10	Neebing/Gore 515 W Gore St; 1512 Neebing Ave	TBDSSAB	NP	FAM	APT SEMI	n/a		✓						
TBW-11	Ridgeway St	TBDSSAB	LHC	FAM	DET	8			✓					
TBW-12	Ruskin Cres	TBDSSAB	LHC	FAM	DET	20		✓	✓	✓			✓	
TBW-13	Spence Court 230 W Amelia St	TBDSSAB	LHC	SIN	APT/ E	16 3	✓	✓					✓	

Applicant: _____

Section 9 – Declaration, Release and Consent to 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. 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 District of Thunder Bay Social Services Administration Board pursuant to the *Personal Information Protection and Electronic Documents Act (2000, c.5)* [PIPEDA]. This information will be used to determine eligibility for rent-geared-to-income assistance, the size and type of unit eligible for, 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 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 the Manager, Information Systems, 231 May Street, South, Thunder Bay, ON P7E 1B5, (807) 766-2111 or 1-877-281-2958.

Pursuant to the *Personal Information Protection and Electronic Documents Act* and the *Provincial/Municipal Freedom of Information and Protection of Privacy Act*; I hereby give my consent and authorization to The District of Thunder Bay Social Services Administration Board 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 any such required information to release to The District of Thunder Bay Social Services Administration Board. 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 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 District of Thunder Bay Social Services Administration Board 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 District of Thunder Bay Social Services Administration Board, its administrators and/or participating housing providers.

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 District of Thunder Bay Social Services Administration Board is committed to equality, diversity, and non-discrimination.

SIGNATURES: SIGN ON THE “APPLICANT” LINE.

Please Note: All household members 16 years of age and older must sign below.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Applicant: _____

Date: _____