



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

SPECIAL NEEDS

APPLICATION FOR RENT-GEARED-TO-INCOME (RGI) HOUSING ASSISTANCE

Office Use Only

- Special Priority
- Urgent
- In situ
- 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"/> External Transfer			
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:	

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 Intake and Eligibility.

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:	
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:

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 <u>in any housing project under any housing program</u>, 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	\$ 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

Geographic Area: (to make a project-specific selection please complete the *Project Selection Sheet*)

<input type="checkbox"/> Thunder Bay – No Preference	District of Thunder Bay	<input type="checkbox"/> Marathon
Thunder Bay North	<input type="checkbox"/> Geraldton Ward	<input type="checkbox"/> Nipigon
<input type="checkbox"/> Current River Ward	<input type="checkbox"/> Longlac Ward	<input type="checkbox"/> Red Rock
<input type="checkbox"/> McIntyre Ward	<input type="checkbox"/> Nakina Ward	<input type="checkbox"/> Savant Lake
<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	<input type="checkbox"/> Upsala
Thunder Bay South		
<input type="checkbox"/> McKellar Ward South		
<input type="checkbox"/> Neebing Ward		
<input type="checkbox"/> Northwood Ward		
<input type="checkbox"/> Westfort Ward		

Accessibility:

I/We require a unit with special accessibility options	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We require the following type of unit: (Eligibility requires an Medical Report if applicable.)	<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.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Due Date (MM/DD/YYYY): _____/_____/_____		
** Be advised: You must submit note from a health care professional that indicates your expected <i>due date</i> in order to qualify for an extra bedroom. **		

Do all household members reside in present accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain: _____		

Section 7 - Building Selection

Explanation of Symbols:

APT/E	Apartment with Elevator	NP	Non-Profit Provider
APT-SS	Apartment Single Storey	PHY	Physically Challenged
APT/W	Walk-up Apartment	PSD	Psychiatric Disabilities
DET	Detached Single Family Home	RS	Rent Supplement Landlord
SEMI	Semi-Detached	LHC	Local Housing Corporation
TH	Townhouse		










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 offers the number of bedrooms for which you are eligible.



ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size			(☐) SELECTION BELOW
Thunder Bay North – Current River Ward										
TBCR-4	Holy Protection Millenium  256 Wolseley St	Holy Protection Millenium Home	NP	SENIOR (60 +)	APT/E	2	1	2		
Thunder Bay North – McIntyre Ward										
TBMI-3	Suomi Koti  527 County Blvd	Suomi Koti Inc.	NP	SENIOR (60 +)	APT/E	3	1	2		
TBMI-2	Pioneer Court  273 Pioneer Dr	Lutheran Community Housing Corporation Support by: LPH	NP	SINGLE PSYCH. DIS. SUPPORTIVE	APT/E	1	1			
Thunder Bay North – McKellar Ward										
TBMK-4	Bay Court  245 Bay St	Lutheran Community Housing Corporation	NP	SINGLE SUPPORTIVE	APT/E	1	1			
TBMK-7	Hellenic Village 700-758 Athens Dr	Greek Orthodox Non Profit Housing Corp	NP	FAMILY	TH	2		2		
TBMK-9	Luther Court  185 S Court St	Lutheran Community Housing Corporation	NP	MIXED	APT/E	2	1			
Thunder Bay North – Red River Ward										
TBRR-3	Elizabeth Court  275 Madeline St	TBDSSAB	LHC	SENIOR (60 +)	APT/E	2	1			
TBRR-6	Good Shepherd Village Phase II  51 Walkover St	Lakehead Christian Senior Citizen Apts	NP	SENIOR (60 +)	APT/E	4	1	2		
TBRR-10	Picton, Tamarack  Picton Ave, Tamarack	TBDSSAB	NP	FAMILY	SEMI	10			3	4
TBRR-16	Clark Towers  9 Regent St	TBDSSAB	LHC	SENIOR (60 +)	APT/E	4	1			







ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				(<input type="checkbox"/>) SELECTION BELOW
Thunder Bay South - McKellar Ward											
TBMK-3	Assef Court 925 Simpson St 	TBDSSAB	LHC	SENIOR (50 +)	APT/E	3	1				
TBMK-8	Legion Manor 225 Ross St	Fort William Legion Branch #6 Non Profit Housing Corporation	NP	SENIOR (60 +)	APT/E	2		2			
TBMK-15	Metro Lions Place 205, 207 McKellar St 	Thunder Bay Metro Lions Non Profit Housing Corporation	NP	FAMILY	APT/W	1	1				
PAC	229 Pacific Ave 	TBDSSAB	NP RS	SINGLE Limited Barrier Units Wheelchair Accessible	APT/E	3	1	Bachelor			
						2	1	Bachelor			
Thunder Bay South – Northwood Ward											
TBNW-5	Holy Cross Villa 411 Frontenac Bay 	Holy Cross Villa of Thunder Bay	NP	SENIOR (60 +)	APT/E	2	1				
TBNW-2	Glenwood Court 170 W Donald St 	TBDSSAB	NP	MIXED	APT/E	10	1	2			
Thunder Bay South– Westfort Ward											
TBW-2	Hall Place 	TBDSSAB	LHC	FAMILY	DET	3			3		
TBW-4	King's Court 535 Kingsway Ave 	Lutheran Community Housing Corporation	NP	FAMILY	APT/E	2		2			
TBW-12	Ruskin Crescent 	TBDSSAB	LHC	FAMILY	DET	20		2	3	4	
TBW-13	Spence Court 230 W Amelia St 	TBDSSAB	LHC	SINGLE	APT/E	6	1				
TBW-14	TB Deaf Housing 511 Kingsway Ave	Thunder Bay Deaf Housing Inc.	NP	SPECIAL NEEDS	APT/W	2	1	2			
TBW-6	Matawa – Wave 2 Crawford St	Matawa Non Profit Housing Corporation	NP	FAMILY	SEMI	2		2			
Greenstone – Geraldton Ward											
GG-3	Phase I Third St W, 2nd St W, First St E	Geraldton Non Profit Housing	NP	FAMILY	SEMI TH	1			3		
GG-4	Phase II 215 A-F Third Ave	Geraldton Non Profit Housing	NP	SINGLE	TH	1	1				
GG-5	Phase III Third Street, First St E	Geraldton Non Profit Housing	NP	FAMILY	SEMI TH	1		2			



ACCESSIBLE / MODIFIED / BARRIER-FREE HOUSING

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicant	Bldg Type	# of Units	Bedroom Size				 SELECTION BELOW
Greenstone – Longlac Ward											
GL-2	Chateaulac 93 Skinner Ave	Chateaulac Housing Corporation	NP	SENIOR (60 +)	APT-SS	1	1				
Kakabeka Falls											
KF-1	Legion Park Hwy 11-17	Kakabeka Legion Seniors Development Corporation	NP	SENIOR (60 +)	APT-SS	2	1				
KF-2	Village Apartments Phase I 108 Hill St	Kay Bee Seniors Non Profit Housing Corporation	NP	SENIOR (60 +)	APT-SS	1		2			
Manitouwadge											
MN-1	Phase I Huron Walk	Manitouwadge Municipal Housing Corporation	NP	SENIOR (60 +)	APT/E	1	1				
MN-2	Phase II Otter Ave	Manitouwadge Municipal Housing Corporation	NP	FAMILY	SEMI	1			3		
MN-3	Phase III Graham Dr	Manitouwadge Municipal Housing Corporation	NP	SINGLE	APT	1	1				
Nipigon											
NI-1	Nipigon Non-Profit 106 Wade Cres 	TBDSSAB	NP	SENIOR (60+) FAMILY		4	1	2			
Marathon											
MR-3	Warwick Square 113C-5 Hemlo Drive	Marathon Municipal Non Profit Housing Corporation	MIX	SINGLE	APT/W	1	1				
MR-4	Wildwood Trail 105-4 Wildwood Trail	Marathon Municipal Non Profit Housing Corporation	NP	SINGLE	APT/W	1	1				
Red Rock											
RR-1	Mountainview Crt 30 Taylor Ave	Red Rock Municipal Non Profit Housing Corporation	NP	SENIOR (60 +)	APT-SS	1	1				


SUPPORTIVE HOUSING ** Medical Report Required

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				(☐) SELECTION BELOW
CMHA **	C.M.H.A. 425 N Vickers St 	TBDSSAB Support: Non-clinical support services	NP	SINGLE PSYCH. DIS. SUPPORTIVE	APT/E	12	1	2			
LENDRUM COURT	June Lendrum Court 283 Pearl St 	TBDSSAB	NP	YOUNG MOTHERS SUPPORTIVE	APT/E	24	1	2			
TBRR-13 **	PR Cook Apartments 63 Carrie St 	St. Joseph's Care Group	FED	SENIOR (60 +)	APT/E		1				
ROSS COURT **	Ross Court 210 Ross St 	TBDSSAB Support by: Avenue II and Lakehead Association for Community Living	NP	DEVELOP. DIS. SUPPORTIVE	APT/W	26	1	2			
B.I.	Wakaigin Housing I Addresses Confidential	Beendigen Inc. Support by: Beendigen Inc.	NP	VICTIMS OF ABUSE - NATIVE FAMILIES	SEMI	18	1	2	3	4	
SPRUCE WOOD	Niprock Life Skills 131 Wadsworth Dr 	TBDSSAB	NP	DEVELOP DIS SUPPORTIVE	CORE FLOORS	7	1				
RS144001 **	McKellar Place 325 Archibald St S 	TBDSSAB Supported by: HAGI & BISNO	RS	DEVELOP DIS SUPPORTIVE	APT/E	15 6 BISNO 9 HAGI	1				
RS189001 **	Peninsula Manor 24 Peninsula Rd Marathon	Town of Marathon Supported by North of Superior Healthcare Group	RS	55+ SUPPORTIVE	APT	2	1				

SUPPORTIVE MODIFIED HOUSING ** Medical Report Required

Bldg. Code	Project Name Project Address	Housing Provider	Provider Type	Eligible Applicants	Bldg Type	# of Units	Bedroom Size				(☐) SELECTION BELOW
TBMK-5 **	Cumberland Court 76 South Cumberland St 	TBDSSAB Support by: HAGI	NP	FAMILY SINGLE PHYSICAL DIS. SUPPORTIVE	APT/E	10	1	2			
JASPER PLACE **	Jasper Place 1200 Jasper Dr 	TBDSSAB Support By: Jasper Support Care Services	NP	SENIOR (65 +) SUPPORTIVE	APT/E	100	1	2			

ALTERNATIVE HOUSING ** Medical Report Required

THE HABITAT **	Unity Place (The Habitat) 219 Pearl St 	TBDSSAB Support by: Salvation Army	NP	HOMELESS SUPPORTIVE	APT/E	34	1	2			
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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. 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 *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 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 required information to release such information 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 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 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.

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

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 Intake and Eligibility), 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 Intake and Eligibility).

Supportive Housing: Medical Report may be required (available at Intake and Eligibility).