



RENT SUPPLEMENT APPLICATION FORM

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

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



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

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

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

Effective Date:

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



BUILDING DESCRIPTION AND CONDITIONS

Exterior

Parking Facilities

Landscaping

Structural

Mechanical

Janitorial Services

Elevators

Tenant Restrictions

COMMUNITY SERVICES

Schools

Churches

Day Care

Transportation

Recreational Facilities

Nearest Main Intersection

Other:



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

GENERAL
Unit – Special Features
Property – Special Features
General Comments
Recommendations
Units Approved

Proposed Term of Agreement:	Completion Date:	Occupancy Date:
Inspected By:	Date:	

Please return completed application to:

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