



Personal information contained on this form or in attachments is collected by or for The District of Thunder Bay Social Services Administration Board pursuant to Sections 2, 4, and 7 of the *Ontario Housing Corporation Act*, R.S.O. 1990, c.O.21 and Subsection 7(2) of the *Housing Development Act*, R.S.O. 1990, c.H18 and the *Housing Services Act* (HSA), 2011 will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to The District of Thunder Bay Social Services Administration Board, non-profit housing corporations, and other municipal/provincial and federal departments and agencies that assist in the provision of affordable housing and to social agencies and government agencies providing social assistance to the tenant. The tenant 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 materials. Questions about this collection should be directed to your Property Management Officer at 231 May Street South, Thunder Bay, ON P7E 1B5 (807) 766-2111.

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.

**Due to many new changes to eligibility requirements for social housing,
please read the following sections carefully.**

To continue to be eligible for assisted rental housing, you are required to **completely** fill out this form and return it to The District of Thunder Bay Social Services Administration Board within **30** calendar days or you may be subject to loss of subsidy upon 90 days' notice.

The information obtained will be used to calculate your geared-to-income rent and establish your continued eligibility for assisted rental housing. Tenants who knowingly misrepresent their income and obtain rent-geared-to-income (RGI) subsidy they are not entitled to may receive a fine and/or imprisonment (HSA Part V, Section 55(3) and will be ineligible for assistance for two (2) years (Ontario Regulation 367/11 Part VI, Section 36).

Instructions for Completion of this Form:

1. Please read the pages which contains the definition of income and examples thereof; and the rest of the form before completing it.
2. Every household member who is **16 years of age and older** must complete and sign the last page of this form.
3. As a requirement of your Lease Agreement you must provide our office with proof of tenant insurance on an annual basis. Failure to provide proof of insurance could jeopardize your tenancy.
4. **ALL SOURCES OF INCOME MUST BE VERIFIED.**

5.
 - a) Each tenant is required to provide **a copy of your most recent income tax return filed** with Revenue Canada **or** the Notice of Assessment, including copies of all T3, T4, T5 slips, etc. or a proof of income statement issued by the Canada Revenue Agency. This is in addition to copies of your most recent income which you are currently providing.
 - b) Each **employed** tenant of the household must have a completed Employment-Verification Form 1 returned to The District of Thunder Bay Social Services Administration Board office and/or provide your most recent cheque stubs for eight (8) **consecutive** weeks of employment. If you require an Employment-Verification Form 1, please call the office.
 - c) Each tenant of the household in receipt of **Social Assistance** must provide us with a copy of their most recent cheque stub.
 - d) Each **self-employed** tenant of the household must provide confirmation of current income as required by The District of Thunder Bay Social Services Administration Board.
 - e) Each tenant attending school full-time must provide proof thereof.
 - f) All other forms of income must be supported by documents for verification purposes. Each tenant with **income-producing or non-income producing assets** must provide verification.

6. All residents are required to pursue all possible sources of income including, but not limited to, Ontario Works, Child Support, Employment Insurance, and Immigration Sponsorship Support. Residents that do not make reasonable efforts to pursue all sources of income will be ineligible for RGI subsidy according to Ontario Regulation 367/11.

7. Return the completed form **in person, by fax, or by email to your Property Management Clerk:**

The District of Thunder Bay Social Services Administration Board
 231 May Street South
 Thunder Bay, ON P7E 1B5
 Phone: (807) 766-2111 Fax: (807) 344-4543 Toll Free: 1-877-281-2958

Definitions:

“Income” means: all income, benefits, gains, of every kind reported on line 23600 of the Canada Revenue Agency Notice of Assessment for the relevant tax year.

“Adjusted Family Net Income” means the aggregate income of:

- 1) the tenant and every person residing in the leased premises;
- 2) every tenant on the lease temporarily resident elsewhere.

“Spouse” means two persons who:

- 1) are married to one another or who represent that they are married to one another, or
- 2) not being married to one another evidence an intention to cohabit in a relationship of permanence or represent that they intend to do so.

Tenant Account #							

Tenant 1 First Name: Last Name:	Tenant 2 First Name: Last Name: Relationship to Tenant 1:
----------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Street Address (include Apt. #):	City, Province:	Postal Code:	# of Bedrooms:
----------------------------------	-----------------	--------------	----------------

Mailing Address (if different from above):

Tenant 1 Home Phone #: Business Phone #: Email:	Tenant 2 Home Phone #: Business Phone #: Email:
-------------------------------------------------------------------------	-------------------------------------------------------------------------

Gender	Social Insurance #:	DOB (YYYY/MM/DD):	Gender	Social Insurance #:	DOB (YYYY/MM/DD):
--------	---------------------	-------------------	--------	---------------------	-------------------

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Current Income All Sources (Please Attach Verification for Each Source of Income)

Tenant 1 Source of Income	Monthly Income	Tenant 2 Source of Income	Monthly Income
Self-Employment Name of Business: _____		Self-Employment Name of Business: _____	
Pension/CPP/OAS/Other		Pension/CPP/OAS/Other	
OSAP		OSAP	
Social Assistance: <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP		Social Assistance: <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP	
Support/Alimony		Support/Alimony	
Other: Type		Other: Type	

Employment - Complete Employment Verification (Form 1)

Tenant 1 Name of Employer	Monthly Income \$	Tenant 2 Name of Employer	Monthly Income \$
-------------------------------------	----------------------	-------------------------------------	----------------------

Other Income / Income-Producing Assets / Non-Income Producing Assets

(investments – RRSPs, GICs, RIFs, bonds, term deposits; educational funding - including but not limited to student grants, bursaries, scholarships; inheritances, bank accounts, earned income, real estate, paid-up life insurance, etc.)

Tenant 1		Tenant 2	
Type	Value	Type	Value
For Office Use Only	Lease Renewal Date:		

Have you transferred or given away any property, real estate, investments, or other funds to relatives or to friends? Yes No

If **yes**, when and how much? _____

Other Persons (Children/Dependents) Living in the Premises

(attach verification of each source of income)

Name	Relationship to Tenant	SIN	Date of Birth yyyy/mm/dd	Gender	Signed Lease		Name of Employer, Source of Income, or School Attended (Full Time)	Net Monthly Income \$
					Yes	No		

Name of Person to be Contacted in Case of Emergency		Address - Street Number and Name		City	Province	Postal Code
Home Phone No.	Business Phone No.	Relationship		Family Doctor	Telephone No.	

Definition of Overhoused:

“Overhoused” households occupy more bedrooms than they are entitled to in accordance with the Housing Corporation’s Occupancy Standards.

Procedure for Tenant:

If a member of your household moves out from your present unit, you are obliged to report, **in writing**, the change in household composition within 30 days from the date that the member(s) of the household moved from the unit.

Tenants who refuse the appropriate number offers to relocate will be served with a Notice of Termination under the appropriate section of the *Residential Tenancies Act*.

A) i) Has anyone moved out of your unit in the last 12 months? Yes No

ii) If the answer to the above is **yes**, please complete the following:

Name	Relationship to Tenant	Date of Move
------	------------------------	--------------

B) If anyone has moved out of your unit within the last 12 months, have you notified The District of Thunder Bay Social Services Administration Board office of this household change?

Yes No If **yes**, specify date: _____

C) i) Has anyone moved into your unit in the last 12 months?

Yes No

ii) If your answer to the previous questions is **yes**, please complete the following:

Name	Relationship to Tenant	Date of Move
------	------------------------	--------------

D) If anyone has moved into your unit within the last 12 months, have you notified The District of Thunder Bay Social Services Administration Board office of this household change?

Yes No If **yes**, specify date: _____

Note: Declaration to be signed on Page 6

Declaration:

I declare that all information given in this lease renewal is correct and is complete to the best of my knowledge. The lease renewal and all supporting documents become the property of The District of Thunder Bay Social Services Administration Board.

Personal information contained on this form or in attachments is collected by The District of Thunder Bay Social Services Administration Board pursuant to the *Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.F.31) or the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.M.56). This information will be used to determine continued eligibility for rent-geared-to-income assistance, the size and type of unit eligible for, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, and other municipal/provincial and federal departments and agencies who 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 tenant 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 Chief Privacy Officer, The District of Thunder Bay Social Services Administration Board, 231 May Street, South, Thunder Bay ON P7E 1B5, (807) 766-2111 or 1-877-281-2958.

Pursuant to the Provincial/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, board, 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 lease renewal.
2. disclose the information given on this form to Non-Profit Housing Corporations, Local Housing Corporations, 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 lease renewal.

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., 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.

Signature – Tenant 1	Date
Signature – Tenant 2	Date
Signature – Tenant 3	Date
Signature – Tenant 4	Date