



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) A medical condition where the current unit is inaccessible, aggravates the medical condition, prevents treatment or increases the cost of treatment. A Medical Report must be completed by your doctor outlining the reason(s) he/she is recommending a transfer.
 - b) Overhoused: The number of bedrooms exceeds those required by the household. Overhoused households may be automatically placed on the waiting list.
 - c) 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.
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. MEDICAL CONDITION

A Medical Report must be completed by your doctor outlining the reason(s) he/she is recommending a transfer.

3. 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.
- If you are applying as underhoused for any new members of the household (custody of dependents if single parent).
- For pregnancy (if applicable and if it will create an underhoused situation) a medical note from your physician or midwife indicating the approximate due date of the baby.

4. 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

SENIOR: 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 | | | | |
|--|--|---|------------------|---|
| <input type="checkbox"/> Senior | | <input type="checkbox"/> Family | | <input type="checkbox"/> Single |
| Salutation: | Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
| Marital Status: | Maiden Name / Alias: | Date of Birth: DD / MM / YYYY | Age: | SIN: |
| Email address: | | May we contact you at this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Status in Canada (proof of legal status must be provided for all household members) | | | | |
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Landed Immigrant | <input type="checkbox"/> Other | Name of Sponsor: | |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Refugee Claimant | | | |
| Do you identify with any of the following Indigenous Peoples? | | | | |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Non-Status Indian | Name of Band: | Band Number: | |
| <input type="checkbox"/> Metis | <input type="checkbox"/> Status Indian | | | |
| Special Priority: This pertains to all members listed on this 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 Verification Declaration Package from The District of Social Services Administration Board. | | | | |
| Mailing Address: | | | | |
| Unit #: | Street Address / PO Box: | City: | Province: | Postal Code: |
| Home Phone: | Cell Phone: | Work Phone: | | |
| May we safely contact you at this address and phone numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Other Contact Name: | | Phone #: | | |
| May we contact this individual and discuss your application? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If no, where can we contact you? | | | | |
| Person to contact in your absence or to act as an interpreter: | | | | |
| Name: | Relationship: | Phone: | | |

SECTION 2 – Co-Applicant / Spouse Details

What is your relationship to the Applicant?

| | | | | |
|-------------|------------|-------------|----------|---|
| Salutation: | Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|-------------|------------|-------------|----------|---|

| | | | | |
|-----------------|----------------------|----------------------------------|------|------|
| Marital Status: | Maiden Name / Alias: | Date of Birth: DD / MM / YYYY | Age: | SIN: |
|-----------------|----------------------|----------------------------------|------|------|

Status in Canada (proof of legal status must be provided for all household members)

| | | | |
|---|---|--------------------------------|------------------|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Landed Immigrant | <input type="checkbox"/> Other | Name of Sponsor: |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Refugee Claimant | | |

Are you exempt from an enforceable removal order under the *Immigration and Refugee Protection Act (Canada)*? Yes No**Do you identify with any of the following Indigenous Peoples?**

| | | |
|--------------------------------|--|---------------|
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Non-Status Indian | Name of Band: |
| <input type="checkbox"/> Metis | <input type="checkbox"/> Status Indian | |

Is your address different from above? Yes No If 'Yes', please complete:

| | | | | |
|---------|--------------------------|-------|-----------|--------------|
| Unit #: | Street Address / PO Box: | City: | Province: | Postal Code: |
|---------|--------------------------|-------|-----------|--------------|

| | | |
|-------------|-------------|-------------|
| Home Phone: | Cell Phone: | Work Phone: |
|-------------|-------------|-------------|

May we safely contact you at this address and phone numbers? Yes No

| | |
|---------------------|----------|
| Other Contact Name: | Phone #: |
|---------------------|----------|

May we contact this individual and discuss your application? Yes No

If no, where can we contact you?

Person to contact in your absence or to act as an interpreter:

| | | |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
|-------|---------------|--------|

Present Accommodation

| | | | | |
|------------------------------|---------------------------------|-------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Own | <input type="checkbox"/> Co-Own | <input type="checkbox"/> Rent | <input type="checkbox"/> Temp. Shelter | <input type="checkbox"/> Homeless |
|------------------------------|---------------------------------|-------------------------------|--|-----------------------------------|

| | |
|----------------|-----------------|
| Landlord Name: | Landlord Phone: |
|----------------|-----------------|

| | | |
|----------------------------------|----------------|---------------------------------|
| Length of Tenancy (# of months): | # of Bedrooms: | Monthly Housing Expenses: \$ |
|----------------------------------|----------------|---------------------------------|

SECTION 3 – Other Members – Please include only those who will live with you and who will not be leaseholders

| | | | |
|------------|-------------|----------|---|
| Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|------------|-------------|----------|---|

| | | | | | |
|----------------------------------|------|------|--|---------|---|
| Date of Birth: DD / MM / YYYY | Age: | SIN: | Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------|------|--|---------|---|

Relationship to Applicant:

| | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| Spouse <input type="checkbox"/> | Grandparent <input type="checkbox"/> | Friend <input type="checkbox"/> | Child <input type="checkbox"/> | Grandchild <input type="checkbox"/> | Parent: <input type="checkbox"/> |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|

Other

| | | | |
|------------|-------------|----------|---|
| Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|------------|-------------|----------|---|

| | | | | | |
|----------------------------------|------|------|--|---------|---|
| Date of Birth: DD / MM / YYYY | Age: | SIN: | Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------|------|--|---------|---|

Relationship to Applicant:

| | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| Spouse <input type="checkbox"/> | Grandparent <input type="checkbox"/> | Friend <input type="checkbox"/> | Child <input type="checkbox"/> | Grandchild <input type="checkbox"/> | Parent: <input type="checkbox"/> |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|

Other

| | | | |
|------------|-------------|----------|---|
| Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|------------|-------------|----------|---|

| | | | | | |
|----------------------------------|------|------|--|---------|---|
| Date of Birth: DD / MM / YYYY | Age: | SIN: | Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------|------|--|---------|---|

Relationship to Applicant:

| | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| Spouse <input type="checkbox"/> | Grandparent <input type="checkbox"/> | Friend <input type="checkbox"/> | Child <input type="checkbox"/> | Grandchild <input type="checkbox"/> | Parent: <input type="checkbox"/> |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|

Other

| | | | |
|------------|-------------|----------|---|
| Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|------------|-------------|----------|---|

| | | | | | |
|----------------------------------|------|------|--|---------|---|
| Date of Birth: DD / MM / YYYY | Age: | SIN: | Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------|------|--|---------|---|

Relationship to Applicant:

| | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| Spouse <input type="checkbox"/> | Grandparent <input type="checkbox"/> | Friend <input type="checkbox"/> | Child <input type="checkbox"/> | Grandchild <input type="checkbox"/> | Parent: <input type="checkbox"/> |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|

Other

| | | | |
|------------|-------------|----------|---|
| Last Name: | First Name: | Initial: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say |
|------------|-------------|----------|---|

| | | | | | |
|----------------------------------|------|------|--|---------|---|
| Date of Birth: DD / MM / YYYY | Age: | SIN: | Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------|------|--|---------|---|

Relationship to Applicant:

| | | | | | |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| Spouse <input type="checkbox"/> | Grandparent <input type="checkbox"/> | Friend <input type="checkbox"/> | Child <input type="checkbox"/> | Grandchild <input type="checkbox"/> | Parent: <input type="checkbox"/> |
|---------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|

Other

SECTION 4 – Income – Statement of all MONTHLY income BEFORE deductions received by all anticipated household members

| Sources of Income | Applicant Gross Monthly | Co-Res 1 Gross Monthly | Co-Res 2 Gross Monthly | Co-Res 3 Gross Monthly |
|---|-------------------------------|------------------------------|------------------------------|------------------------------|
| Last Name: | | | | |
| First Name: | | | | |
| Ontario Works Assistance | | | | |
| Ontario Disability Support Program (ODSP) | | | | |
| Full-time Employment Income | | | | |
| Part-time Employment Income | | | | |
| Self-Employment Income | | | | |
| Training Allowance | | | | |
| Employment Insurance Benefits (EIB) | | | | |
| Workplace Safety Insurance Board (WSIB) | | | | |
| Old Age Security (OAS) / Guaranteed Income Supplement (GIS) | | | | |
| Guaranteed Annual Income System (GAINS) | | | | |
| Allowance for Survivor Program (spouse) | | | | |
| Canada Pension / Quebec Pension Plan (CPP/QPP) | | | | |
| Pension Income / Foreign Pension / US Social Security | | | | |
| Employment Pension | | | | |
| Earned Interest / Annuity (RIF) / Dividends | | | | |
| Spousal Support / Alimony | | | | |
| Student Grants / OSAP | | | | |
| Veteran Affairs Allowance | | | | |
| Indigenous Band Funding | | | | |
| Trust Income | | | | |
| Rental / Room & Board Income | | | | |
| Other Income | | | | |
| TOTAL MONTHLY HOUSEHOLD INCOME: | \$ | \$ | \$ | \$ |

| Assets | Applicant \$ Value | Co-Res 1 \$ Value | Co-Res 2 \$ Value | Co-Res 3 \$ Value |
|--|-----------------------|----------------------|----------------------|----------------------|
| Last Name: | | | | |
| First Name: | | | | |
| Real Estate: House / Cottage / Vacant Property | | | | |
| Business Assets – inventory, equipment, etc. | | | | |
| Annual Interest from Assets | | | | |
| Trust / Assets held in Trust | | | | |
| Receivables / Monies owed to you over \$500 | | | | |
| Other Assets | | | | |
| Assets transferred or disposed of within the past 3 years – list item, date of transfer and amount | | | | |

| SECTION 5 – Housing Preferences and Additional Requirements | | | |
|--|--|-----------|----------------|
| I/We require a unit with accessibility options | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| I/We require the following type of unit (eligibility requires a 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.) | | |
| Can you climb stairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is an additional child expected baby/adoption)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date: | DD / MM / YYYY |
| <i>*You must submit note from a health care professional that indicates your expected due date in order to qualify for an extra bedroom*</i> | | | |
| Do all household members reside in present accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, please explain: | | | |
| I/We have applied for housing within one year of entering Canada | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date of entry to Canada: | DD / MM / YYYY | | |
| 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 (contact TBDSSAB to obtain a Medical Report) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION 6 – Declaration, Consent and Release of Information

I/We declare that all information given in this application is true to the best of my knowledge, and I/we make this solemn declaration, knowing that it has the same force and effect as if made under oath by virtue of the *Canada Evidence Act*.

The application and supporting documents become the property of The District of Thunder Bay Social Services Administration Board (TBDSSAB), Integrated Social Services Division. Copies of the application and supporting documents may be given to housing providers that I/we have selected for placement on the waiting lists in locations where I/we wish to live.

Personal information contained on this form or in attachments is collected by TBDSSAB 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 TBDSSAB, 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 *Child Care and Early Years Act* (2014). 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 Chief Privacy Officer, 231 May Street South, Thunder Bay, ON P7E 1B5, (807) 766-2111 or 1-866-363-0929.

Pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, I/we give my consent and authorization to TBDSSAB to:

1. Make inquiries to verify the information given in this application and I/we authorize any person, corporation, or any social agency having knowledge of required information to release such information to TBDSSAB. I/we agree to provide any supporting material required for my application.
2. Disclose the information given on this form to Non-Profit Housing Corporations, TBDSSAB, 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/We understand that it is my responsibility to inform TBDSSAB 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/We agree to provide any supporting material or documents as required by TBDSSAB, 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*. TBDSSAB is committed to equality, diversity, and non-discrimination.

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

| | |
|---------------|-------|
| Applicant: | Date: |
| Co-Applicant: | Date: |
| Co-Applicant: | Date: |
| Co-Applicant: | Date: |

SECTION 8 - BUILDING SELECTION












| | | | |
|---------------|---------------------------------------|-------------|---------------------------|
| APT-SS | Apartment Single Storey | LHC | Local Housing Corporation |
| CF | Core Floor | NP | Non-Profit Provider |
| DET | Detached Single Family Home | SEMI | Semi-Detached |
| FAM | Family | SPN | Special Needs |
| FED | Federally Funded | SUP | Supportive Housing |
| FOUR | Four-Plex | TH | Townhouse |
| I-FAM | Indigenous Families (status required) | | |

| | | | |
|---|---|---|----------------------------|
|  | Medical Report Required |  | Elevator |
| MOD  | Some modifications to units or buildings ie: grab bars, door opener, ramp, hallway rails, widened doors, lowered counters, etc. |  | Unit or complex has stairs |
|  | Some barrier-free / modified units or buildings |  | Smoke-free Building |

























PLEASE NOTE: In order for your application to be considered complete, **you must** select at least five (5) housing projects. Incomplete applications **will** be returned. Please select units that offer the number of bedrooms for which you are eligible - you will not be placed on waitlists you are not eligible for.

Bachelor
 1 Bed
 2 Bed
 3 Bed
 4 Bed
 5 Bed
 6 Bed











THUNDER BAY SINGLE / COUPLE

| Project Name/Address | Housing Provider | Type | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | |
|--|------------------|------------|---|---------------------|-----------|------------|--------------|---|---|---|---|-----|---|--------------------------|
| | | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | |
| Amelia St W 230 (Spence Court) | TBDSSAB | MOD LHC |   | SIN | APT | 163 | | X | X | | | | | <input type="checkbox"/> |
| Cumberland St S 120, 122 (R.K. Andras Court) | TBDSSAB | MOD NP FED |    | SPN ALL AGES | APT | 221 | X | X | X | | | | | <input type="checkbox"/> |
| Cumberland St S 76 (Cumberland Court) | TBDSSAB | NP |   | SIN | APT | 20 | | X | X | | | | | <input type="checkbox"/> |
| Donald St W 170 (Glenwood Court) | TBDSSAB | NP |   | SIN | APT | 40 | | X | X | | | | | <input type="checkbox"/> |
| McLaughlin St 824 (McLaughlin Court) | TBDSSAB | NP |   | SIN | APT | 12 | | X | X | | | | | <input type="checkbox"/> |





















THUNDER BAY SENIOR (50+ / 55+ / 60+ / 65+)

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | |
|---|------------------|---|---------------------|-----------|------------|--------------|---|---|---|---|-----|---|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | |
| Court St N 544 (Wardrope Court) | TBDSSAB | LHC   | 50+ | APT | 60 | | X | X | | | | | <input type="checkbox"/> |
| Cumberland St S 120, 122 (R.K. Andras Court) | TBDSSAB | NP MOD FED   | SPN ALL AGES | APT | 221 | X | X | X | | | | | <input type="checkbox"/> |
| Donald St W 130 (Manion Court) | TBDSSAB | LHC   | 65+ | APT | 102 | | X | X | | | | | <input type="checkbox"/> |
| Donald St W 150 (Badanai Court) | TBDSSAB | LHC   | 50+ | APT | 30 | | X | | | | | | <input type="checkbox"/> |
| Donald St, Valour Pl Grey St, Minto Pl (Legion Housing) | TBDSSAB | LHC  | 50+ | CF | 16 | | X | | | | | | <input type="checkbox"/> |
| Lincoln St 1100 (Mclvor Court) | TBDSSAB | LHC   | 50+ | APT | 121 | | X | X | | | | | <input type="checkbox"/> |
| Madeline St 275 (Elizabeth Court) | TBDSSAB | LHC MOD   | 65+ | APT | 121 | | X | X | | | | | <input type="checkbox"/> |
| May St N 148 (Paterson Court) | TBDSSAB | NP MOD   | 60+ | APT | 111 | | X | X | | | | | <input type="checkbox"/> |
| McLaughlin St 600 (Seppala Court) | TBDSSAB | LHC   | 50+ | APT | 22 | | X | | | | | | <input type="checkbox"/> |
| Ravenwood Ave 201 (Matthews Court) | TBDSSAB | LHC   | 50+ | APT | 101 | | X | X | | | | | <input type="checkbox"/> |
| Regent St 9 (Clark Towers) | TBDSSAB | LHC MOD   | 60+ | APT | 114 | | X | X | | | | | <input type="checkbox"/> |
| Rupert St (Queen's Park) | TBDSSAB | LHC  | 50+ | CF | 4 | | X | | | | | | <input type="checkbox"/> |
| Simpson St 925 (Assef Court) | TBDSSAB | LHC MOD   | 50+ | APT | 78 | | X | X | | | | | <input type="checkbox"/> |

THUNDER BAY FAMILY

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | |
|---------------------------------------|------------------|--|---------------------|-----------|------------|--------------|---|---|---|---|-----|---|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | |
| Academy Dr 75 | TBDSSAB | LHC   | FAM | APT | 29 | | | X | | | | | <input type="checkbox"/> |
| Athabasca St | TBDSSAB | NP LHC   | FAM | SEMI | 2 | | | | | X | | | <input type="checkbox"/> |
| Conyers St | TBDSSAB | NP   | FAM | SEMI | 2 | | | X | | | | | <input type="checkbox"/> |
| County Blvd Lanark Cres | TBDSSAB | NP   | FAM | SEMI | 6 | | | | X | | | | <input type="checkbox"/> |
| Cumberland St S 76 (Cumberland Court) | TBDSSAB | NP   | FAM | APT | 6 | | | X | | | | | <input type="checkbox"/> |

THUNDER BAY FAMILY

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|--|------------------|--|---------------------|-----------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| Cuyler St | TBDSSAB | NP  | FAM | SEMI | 2 | | | | | X | | <input type="checkbox"/> |
| Diversified Units First Ave Atlantic Ave River Rd | TBDSSAB | NP LHC  | FAM | SEMI | 8 | | | | X | | | <input type="checkbox"/> |
| Donald St W 170 (Glenwood Court) | TBDSSAB | NP  | FAM | APT | 25 | | X | | | | | <input type="checkbox"/> |
| Erindale Cres Redwood Ave Newberry Cres | TBDSSAB | NP  | FAM | SEMI | 12 | | | | X | X | | <input type="checkbox"/> |
| Forest Park Clarkson Ave Windsor St John St | TBDSSAB | LHC  | FAM | DET SEMI | 25 | | X | X | X | X | | <input type="checkbox"/> |
| Frederica St W 1908, 1930, 1940 | TBDSSAB | NP  | FAM | TH | 24 | | | | X | | | <input type="checkbox"/> |
| Gore St W 515 | TBDSSAB | NP  | FAM | APT | 8 | | X | | | | | <input type="checkbox"/> |
| Isabella St E Ridgeway St McGregor Ave | TBDSSAB | LHC  | FAM | DET | 23 | | X | X | | | | <input type="checkbox"/> |
| James St N | TBDSSAB | LHC  | FAM | FOUR | 24 | | X | | | | | <input type="checkbox"/> |
| John St 707 | TBDSSAB | LHC  | FAM | TH | 46 | | X | X | X | X | | <input type="checkbox"/> |
| Limbrick Place | TBDSSAB | LHC  | FAM | TH | 102 | | X | X | X | X | | <input type="checkbox"/> |
| McLaughlin 824 (McLaughlin Court) | TBDSSAB | NP  | FAM | APT | 6 | | X | | | | | <input type="checkbox"/> |
| McLaughlin St | TBDSSAB | NP LHC  | FAM | SEMI | 4 | | X | | | | | <input type="checkbox"/> |
| Moodie St E McGregor Ave | TBDSSAB | LHC  | FAM | DET | 16 | | X | X | X | | | <input type="checkbox"/> |
| Neebing Ave 1512 | TBDSSAB | NP  | FAM | APT | 8 | | X | | | | | <input type="checkbox"/> |
| Parsons Parson Ave, Melvin Ave, Kenwood Ave | TBDSSAB | NP  | FAM | SEMI | 16 | | | | X | | | <input type="checkbox"/> |
| Piccadilly Ave, Regina Ave Walkover St | TBDSSAB | NP  | FAM | SEMI | 12 | | | | X | X | | <input type="checkbox"/> |
| Picton Ave Blucher Ave (Phase 1) | TBDSSAB | NP  | FAM | DET | 47 | | X | X | X | | | <input type="checkbox"/> |
| Picton Ave | TBDSSAB | NP  | FAM | SEMI | 2 | | | | X | | | <input type="checkbox"/> |
| Picton Ave (Phase III) | TBDSSAB | NP  | FAM | SEMI | 22 | | | | X | | | <input type="checkbox"/> |

THUNDER BAY FAMILY

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|---|------------------|------------|---------------------|------------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| Picton Ave Blucher Ave (Phase II) | TBDSSAB | NP | FAM | SEMI | 46 | | | X | X | X | | <input type="checkbox"/> |
| Picton Ave Tamarak Pl | TBDSSAB | NP | FAM | SEMI | 36 | | | | X | X | | <input type="checkbox"/> |
| Queen's Park Hill St, Ray Blvd, Rupert St | TBDSSAB | LHC | FAM | SEMI TH | 24 | | | | X | X | | <input type="checkbox"/> |
| Ruskin Cres Hall Pl | TBDSSAB | LHC MOD | FAM | DET CF | 23 | | | X | X | X | | <input type="checkbox"/> |
| Ryde Ave | TBDSSAB | NP | FAM | SEMI | 2 | | | | X | | | <input type="checkbox"/> |
| Sequoia Dr 200-304 (Sequoia Park) | TBDSSAB | RS FED | FAM | SEMI | 52 | | | | X | X | | <input type="checkbox"/> |
| Shuniah Ave Arundel St Grenville Ave | TBDSSAB | NP | FAM | SEMI | 8 | | | | X | X | | <input type="checkbox"/> |
| Trillium Place/Way/Court | TBDSSAB | LHC | FAM | TH | 51 | | | | X | X | | <input type="checkbox"/> |
| Windemere Ave | TBDSSAB | NP | FAM | SEMI | 4 | | | | X | | | <input type="checkbox"/> |
| Windsor St 288 | TBDSSAB | LHC | FAM | TH | 51 | | | | X | X | | <input type="checkbox"/> |

THUNDER BAY ACCESSIBLE / SUPPORTIVE

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|--|-----------------------------|----------------|---|-----------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| Amelia St W 230 (Spence Court) | TBDSSAB | MOD LHC | SIN | APT | 6 | | X | | | | | <input type="checkbox"/> |
| Cumberland St S 76 (Cumberland Court) | TBDSSAB Support by: HAGI | NP MOD | SIN FAM SUP | APT | 10 | | X | X | | | | <input type="checkbox"/> |
| Donald St W 170 (Glenwood Court) | TBDSSAB | NP MOD | SIN FAM SUP | APT | 11 | | X | X | | | | <input type="checkbox"/> |
| Hall Place | TBDSSAB | MOD | FAM | CF | 1 | | | | X | | | <input type="checkbox"/> |
| Madeline St 275 (Elizabeth Court) | TBDSSAB | LHC MOD | 65+ | APT | 4 | | X | | | | | <input type="checkbox"/> |
| Pacific Ave 229 | TBDSSAB | RS MOD | SIN LIMITED BARRIER UNITS WHEELCHAIR ACCESSIBLE | APT | 2 3 | X | | | | | | <input type="checkbox"/> |

THUNDER BAY ACCESSIBLE / SUPPORTIVE

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | | | |
|--|--|------------|---------------------|--------------------------------------|------------|--------------|---|---|---|---|-----|---|--|--|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | | | |
| Pearl St 219 (Unity Place - Habitat) | TBDSSAB Support by: Salvation Army | NP MOD | | WHEELCHAIR ACCESSIBLE | APT | 3 | | X | X | | | | | | <input type="checkbox"/> |
| Pearl St 283 (June Lendrum Court) | TBDSSAB | NP | | SIN SUP YOUTH MOTHER | APT | 24 | | X | X | | | | | | <input type="checkbox"/> |
| Ross St 210 (Ross Court) | TBDSSAB Support by: Avenue II and Lakehead Assoc for Community Living | NP | | SUP | APT | 26 | | X | X | | | | | | <input type="checkbox"/> |
| Ruskin Cres | TBDSSAB | LHC | | FAM | CF | 1 | | | | | X | | | | <input type="checkbox"/> |
| Simpson St 925 (Assef Court) | TBDSSAB | LHC MOD | | 50+ | APT | 3 | | X | | | | | | | <input type="checkbox"/> |
| Tamarack Pl | TBDSSAB | NP MOD | | FAM | SEMI CF | 10 | | | | | X | X | | | <input type="checkbox"/> |
| Vickers St N 425 (C.M.H.A.) | TBDSSAB Support: Non-Clinical Support Services | NP | | SIN SUP PSYCH DIS | APT | 12 | | X | X | | | | | | <input type="checkbox"/> |
| Victoria Ave E 410 | TBDSSAB | RS | | ALL AGES WHEELCHAIR ACCESSIBLE | APT | 7 | X | | | | | | | | <input type="checkbox"/> |

DISTRICT SINGLE / COUPLE

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | | | |
|----------------------|------------------|--------|---------------------|-----------|------------|--------------|---|---|---|---|-----|---|--|--|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | | | |
| NIPIGON | | | | | | | | | | | | | | | |
| Wade Cres 106 | TBDSSAB | NP | | SIN | APT-SS | 6 | | X | X | | | | | | <input type="checkbox"/> |

DISTRICT SENIOR (50+ / 55+ / 60+)

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|-------------------------------------|------------------|---------|---------------------|-----------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| GREENSTONE - GERALDTON | | | | | | | | | | | | |
| Fourth Ave SW 401 (Fisher Court) | TBDSSAB | LHC | 50+ | APT CF | 20 | | X | | | | | <input type="checkbox"/> |
| Fourth Ave SW 401-R (Neill Court) | TBDSSAB | LHC | 50+ | APT | 21 | | X | | | | | <input type="checkbox"/> |
| NIPIGON | | | | | | | | | | | | |
| Bell St 174 (Sjolander Court) | TBDSSAB | LHC | 50+ | APT | 20 | | X | | | | | <input type="checkbox"/> |
| Wade Cres 106 | TBDSSAB | NP | ALL AGES | APT-SS | 6 | | X | X | | | | <input type="checkbox"/> |
| SCHREIBER | | | | | | | | | | | | |
| Winnipeg St 610 (Collingwood Court) | TBDSSAB | LHC MOD | 50+ | APT | 23 | | X | | | | | <input type="checkbox"/> |

DISTRICT FAMILY

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|--------------------------------|------------------|--------|---------------------|-----------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| GREENSTONE – LONGLAC | | | | | | | | | | | | |
| Centennial Dr | TBDSSAB | LHC | FAM | TH | 12 | | | | X | X | | <input type="checkbox"/> |
| NIPIGON | | | | | | | | | | | | |
| Greenmantle Dr Wadsworth Dr | TBDSSAB | LHC | FAM | DET | 6 | | | | X | X | | <input type="checkbox"/> |
| Wade Cres 102 & 104 A&B | TBDSSAB | NP | FAM | SEMI | 4 | | | X | X | | | <input type="checkbox"/> |
| Wade Cres 106 | TBDSSAB | NP | FAM | APT-SS | 4 | | | X | | | | <input type="checkbox"/> |

DISTRICT ACCESSIBLE / SUPPORTIVE

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ |
|--|------------------|--------|---------------------|-----------|------------|--------------|---|---|---|---|-----|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | |
| NIPIGON | | | | | | | | | | | | |
| Wadsworth Dr 131 (Niprock Life Skills) | TBDSSAB | NP MOD | SIN | APT-SS | 7 | | X | | | | | <input type="checkbox"/> |