



**APPLICATION FOR
RENT-GEARED-TO-INCOME
HOUSING ASSISTANCE**

COMPLETE APPLICATIONS ARE ACCEPTED:

By Fax: 807-345-7921
By Email: intake@tdssab.ca
In Person: 231 May Street, South, Thunder Bay, ON P7E 1B5

| SECTION 1 – Primary Applicant Details | | | | |
|--|--|---|---|---|
| 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 | 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 | | | |
| Are you exempt from an enforceable removal order under the <i>Immigration and Refugee Protection Act (Canada)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | |
| Current Accommodation: | | | | |
| Unit #: | Street Address / PO Box: | City: | Province: | Postal Code: |
| Home Phone: | | Cell Phone: | Work Phone: | |
| May we contact you at these 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 | | | | |
| <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: | | |
| Landlord Address: | | | When did you move in? DD / MM / YYYY | |
| Current monthly rent: \$ | | Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please share cost per month: \$ | | | | |

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 | 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 contact you at these numbers? Yes No

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

May we contact this individual and discuss your application? Yes No**Current 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: |
|----------------|-----------------|

| | |
|-------------------|---|
| Landlord Address: | When did you move in? DD / MM / YYYY |
|-------------------|---|

| | |
|--------------------------|--|
| Current monthly rent: \$ | Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------|--|

If yes, please share cost per month: \$

SECTION 3 – List all other persons who will be living in accommodation (proof of legal status in Canada must be provided for all household members)

| Last Name | First Name | Date of Birth | Gender | Relationship to Applicant |
|-----------|------------|----------------|---|---------------------------|
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |
| | | DD / MM / YYYY | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say | |

Do all household members listed above currently reside with you? Yes No

If 'No', please explain:

Is a baby expected? Yes No

If 'Yes', indicate due date: **DD / MM / YYYY**
(verification required)

SECTION 4 – Special Priority Status / Exceptional Status Priority

Special Priority Status:

1. Are you applying for Special Priority Status because you are living in or fleeing an abusive relationship? Yes No

If 'Yes', please provide a safe contact number and address:

Phone:

Address:

If you left, what was your move out date: DD / MM / YYYY

2. Are you applying for Special Priority Status because you are a survivor of human trafficking?
 Yes No

NOTE: If you are requesting Special Priority Status and answered 'Yes' to question 1 and/or 2 above, please obtain a Verification Declaration Package from TBDSSAB or www.tbdssab.ca.

Exceptional Status Priority:

Terminally ill? Yes No

If 'Yes', please obtain a *Medical Report Form* from TBDSSAB or www.tbdssab.ca if you are requesting Exceptional Status.

Do you have dependents in care of Child Welfare because you do not have suitable housing?
 Yes No

If 'Yes', please attach verification.

Do you require an additional bedroom(s) because your household has a legal custody arrangement or visiting rights involving overnight stays? Yes No
If 'Yes', please attach copy of custody arrangement.

Additional Needs

Can you climb stairs? Yes No

Do you need a wheelchair accessible building? Yes No

Do you need a wheelchair modified unit? Yes No

Are support services needed to live independently? (medical form required) Yes No
If 'Yes', what types of supports are required?

Are the support services already set up? Yes No

SECTION 5 – Previous Tenancy in Subsidized Rental Accommodation in Ontario**Have you or your Co-Applicant(s) ever lived in Subsidized or Rent-Geared-to-Income housing?** Yes NoIf 'Yes', please specify all past subsidized or Rent-Geared-to-Income tenancies in Ontario for the Applicant and the Co-Applicant(s). If there are more than two (2) tenancies, please include them on a separate sheet.**Tenant Name:**

| | | | |
|-------------------|----------------|--------------------|-----------------------|
| Address: | City: | Province: | Postal Code: |
| Move In Date: | MM / YYYY | Move Out Date: | MM / YYYY |
| Landlord Name: | | Landlord Phone: | |
| Landlord Address: | Landlord City: | Landlord Province: | Landlord Postal Code: |

Tenant Name:

| | | | |
|-------------------|----------------|--------------------|-----------------------|
| Address: | City: | Province: | Postal Code: |
| Move In Date: | MM / YYYY | Move Out Date: | MM / YYYY |
| Landlord Name: | | Landlord Phone: | |
| Landlord Address: | Landlord City: | Landlord Province: | Landlord Postal Code: |

Are all household members free of any conviction by a court of law or findings by an administrative tribunal (Landlord and Tenant Board) for misrepresenting their income for the purposes of RGI assistance? Yes No**Do you or anyone in your household owe money to any RGI housing provider in Ontario?** Yes No

If 'Yes', please complete following information:

Name of person(s) owing money: _____

Name / address of housing provider: _____

How much is owing to date: _____

Has a repayment plan been set up? Yes No

If 'Yes', please explain:

Do all household members intend to sell residential property (divest) within six (6) months of receiving rent-geared-to-income assistance? Yes No Do not own property

SECTION 6 – Declaration of Monthly Income and Assets – includes all monthly income before deduction received for all 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 | | | | |
| Ont. Disability Support Program (ODSP) | | | | |
| 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 INCOME: | \$ | \$ | \$ | \$ |

| Assets | Applicant \$ Value | Co-Res 1 \$ Value | Co-Res 2 \$ Value | Co-Res 3 \$ Value |
|--|--------------------|-------------------|-------------------|-------------------|
| Last Name: | | | | |
| First Name: | | | | |
| Bank Account (1) Acct # | | | | |
| Bank Account (2) Acct # | | | | |
| Bank Account (3) Acct # | | | | |
| Bank Account (4) Acct # | | | | |
| Investments - GIC / RRSP / Bonds / Shares / Stocks / Mutual Funds / RESP / RDSP | | | | |
| Life Insurance (Cash Value) | | | | |
| 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 7 – 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 | RS | Rent Supplement Landlord |
| FAM | Family | SEMI | Semi-Detached |
| FED | Federally Funded | SPN | Special Needs |
| FOUR | Four-Plex | SUP | Supportive Housing |
| I-FAM | Indigenous Families (status required) | TH | Townhouse |

| | | | |
|---|---|---|----------------------------|
|  | Medical Report Required |  | Elevator |
|  | 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 one housing project. 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


















































Geographic Area

Is there an area you would like to live in, that does not have subsidized housing? Yes No
 Name of Town/City/Area:





























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"/> |
| Bay St 245 (Bay Court) | Lutheran Community Housing Corporation | NP MOD |    | SIN | APT | 10 | | X | | | | | | <input type="checkbox"/> |
| Court St S 185 (Luther Court) | Lutheran Community Housing Corporation | NP MOD |    | SIN | APT | 30 | | 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"/> |
| McKellar Pl 205, 207 (Metro Lions Place 2) | Thunder Bay Metro Lions Non-Profit Housing Corporation | NP |   | SIN | APT | 12 | | X | X | | | | | <input type="checkbox"/> |
| McLaughlin St 824 (McLaughlin Court) | TBDSSAB | NP |   | SIN | APT | 12 | | X | X | | | | | <input type="checkbox"/> |
| Pioneer Dr 273 (Pioneer Court) | Lutheran Community Housing Corporation | NP |   | SIN | APT | 23 | | X | X | | | | | <input type="checkbox"/> |
| Rent Supplement Program (Various Addresses) | TBDSSAB | RS | | SIN | N/A | N/A | X | X | X | | | | | <input type="checkbox"/> |
| Victoria Ave 1209 (Metro Lions Centre 1) | Thunder Bay Metro Lions Non-Profit Housing Corporation | NP |   | SIN | APT | 36 | | 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+ | | |
| Carrie St 63 (PR Cook) | St. Joseph's Care Group | RS FED MOD    | 60+ | APT | 181 | X | X | | | | | | <input type="checkbox"/> |
| County Blvd 527 (Suomi Koti) | Suomi Koti Inc | NP MOD    | 60+ | APT | 60 | | X | X | | | | | <input type="checkbox"/> |
| 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"/> |
| Frontenac Bay 411 (Holy Cross Villa) | Holy Cross Villa of Thunder Bay | NP MOD    | 60+ | APT | 30 | | X | 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"/> |
| Rent Supplement Program (Various Addresses) | TBDSSAB | RS   | ALL AGES | N/A | N/A | X | X | X | | | | | <input type="checkbox"/> |
| Ross St 225 (Legion Manor) | Fort William Legion Branch #6 Non-Profit Housing Corporation | NP MOD    | 60+ | APT | 39 | | X | X | | | | | <input type="checkbox"/> |
| Rupert St (Queen's Park) | TBDSSAB | LHC   | 50+ | CF | 4 | | X | | | | | | <input type="checkbox"/> |
| Secord St 30 (St. Paul's Pl) | St. Paul's United Church Housing Corporation of Thunder Bay | NP   | 60+ | APT | 30 | | X | X | | | | | <input type="checkbox"/> |
| Simpson St 925 (Assef Court) | TBDSSAB | LHC MOD   | 50+ | APT | 78 | | X | X | | | | | <input type="checkbox"/> |
| Walkover St 51 (Good Shepherds Village Phase I & II) | Lakehead Christian Senior Citizen Apartments | RS FED MOD    | 60+ | APT | 60 | | X | X | | | | | <input type="checkbox"/> |
| Wolseley St 256 (Holy Protection Millenium) | Holy Protection Millenium Home | NP MOD   | 60+ | APT | 30 | | 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"/> |
| Athens Dr 700-758 (Hellenic Village) | Greek Orthodox Non-Profit Housing Corporation | NP MOD  | FAM | TH | 50 | | | X | 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"/> |
| Court St S 185 (Luther Court) | Lutheran Community Housing Corporation | NP MOD   | SIN FAM | APT | 4 | | | X | | | | | <input type="checkbox"/> |
| Cumberland St S 76 (Cumberland Court) | TBDSSAB | NP   | FAM | APT | 6 | | | X | | | | | <input type="checkbox"/> |
| 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"/> |
| Kingsway Ave 535 (King's Court) | Lutheran Community Housing Corporation | NP MOD   | FAM | APT | 21 | | | X | X | | | | <input type="checkbox"/> |
| Limbrick Place | TBDSSAB | LHC  | FAM | TH | 102 | | | X | X | X | X | | <input type="checkbox"/> |
| Matawa (Scattered) | Matawa Non-Profit Housing Corporation | NP MOD  | FAM | SEMI | 12 | | | X | X | | | | <input type="checkbox"/> |
| McKellar St 205, 207 (Metro Lions Place 2) | Thunder Bay Metro Lions Non-Profit Housing Corporation | NP  | FAM | APT | 4 | | | 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"/> |

























THUNDER BAY FAMILY

| Project Name/Address | Housing Provider | Symbol | | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | |
|---|--|------------|---|---------------------|-------------|------------|--------------|---|---|---|---|-----|---|--------------------------|
| | | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | |
| 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"/> |
| 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"/> |
| Pioneer Dr 273 (Pioneer Court) | Lutheran Community Housing Corporation | NP |  | FAM | APT | 18 | | | X | | | | | <input type="checkbox"/> |
| Queen's Park Hill St, Ray Blvd, Rupert St | TBDSSAB | LHC |   | FAM | SEMI TH | 24 | | | | X | X | | | <input type="checkbox"/> |
| Rent Supplement Program Various Addresses | TBDSSAB | RS |  | FAM | N/A | N/A | | | 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 | X | | | <input type="checkbox"/> |
| Various addresses | Native People of Thunder Bay Development Corporation | FED RS |  | I-FAM | DET SEMI | 24 | | | X | X | X | X | | <input type="checkbox"/> |
| Victoria Ave E 1209 (Metro Lions Centre) | Thunder Bay Metro Lions Non-Profit Housing Corporation | NP |   | FAM | APT | 14 | | | X | | | | | <input type="checkbox"/> |
| Wakaigin Housing II | Beendigen Inc. | NP |  | FAM | SEMI | 27 | | | X | 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 | 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 + | | |
| Algoma St 210 | Northern Linkage | RS MOD   | SIN | APT | 18 | | X | | | | | | <input type="checkbox"/> |
| Amelia St W 230 (Spence Court) | TBDSSAB | MOD LHC    | SIN | APT | 6 | | X | | | | | | <input type="checkbox"/> |
| Archibald St S 325 | BISNO/HAGI | RS MOD    | SIN | APT | 13 | | X | | | | | | <input type="checkbox"/> |
| Athens Dr 700-758 (Hellenic Village) | Greek Orthodox Non-Profit Housing Corporation | NP MOD    | FAM | TH | 2 | | | X | | | | | <input type="checkbox"/> |
| Bay St 245 (Bay Court) | Lutheran Community Housing Corporation | NP MOD    | SIN | APT | 2 | | X | | | | | | <input type="checkbox"/> |
| Carrie St 63 (PR Cook) | St. Joseph's Care Group | FED MOD     | 60+ SUP | APT | 181 | | X | | | | | | <input type="checkbox"/> |
| County Blvd 527 (Suomi Koti) | Suomi Koti Inc | NP MOD    | 60+ | APT | 3 | | X | X | | | | | <input type="checkbox"/> |
| Court St S 185 (Luther Court) | Lutheran Community Housing Corporation | NP MOD    | SIN | APT | 2 | | 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"/> |
| Frontenac Bay 411 (Holy Cross Villa) | Holy Cross Villa of Thunder Bay | NP MOD    | 60+ | APT | 2 | | X | | | | | | <input type="checkbox"/> |
| Hall Place | TBDSSAB | MOD  | FAM | CF | 1 | | | | X | | | | <input type="checkbox"/> |
| Jasper Dr 1200 (Jasper Place) | TBDSSAB Support by: Jasper Support Care Services (Pre-Assess Eligibility Questionnaire Required) | NP MOD     | 65+ SUP | APT | 100 | | X | X | | | | | <input type="checkbox"/> |
| Kingsway Ave 511 (TB Deaf Housing) | Thunder Bay Deaf Housing Corporation | NP MOD  | SPN SIN FAM | APT | 8 | | X | X | | | | | <input type="checkbox"/> |
| Kingsway Ave 535 (King's Court) | Lutheran Community Housing Corporation | NP MOD    | FAM | APT | 2 | | | X | | | | | <input type="checkbox"/> |
| Madeline St 275 (Elizabeth Court) | TBDSSAB | LHC MOD    | 65+ | APT | 4 | | X | | | | | | <input type="checkbox"/> |
| Matawa | Matawa Non-Profit Housing Corporation | NP MOD    | FAM | SEMI | 2 | | | X | | | | | <input type="checkbox"/> |
| McKellar St 205, 207 (Metro Lions Place) | Thunder Bay Metro Lions Non-Profit Housing Corporation | NP   | FAM | APT | 1 | | X | | | | | | <input type="checkbox"/> |
| May St 329 | Beendingen inc. | NP   | SIN WOMEN ONLY | SUP | 5 | | 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"/> |
| Pioneer Dr 273 (Pioneer Court) | Lutheran Community Housing Corporation Support by: LPH | NP   | SIN SUP | APT | 1 | | 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"/> |
| Ross St 225 (Legion Manor) | Fort William Legion Branch #6 Non-Profit Housing Corporation | NP MOD   | 60+ | APT | 2 | | | 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"/> |
| Wakaigin Housing I (Addresses Confidential) | Beendigen Inc. Support by: Beendigen Inc. | RS   | SUP | APT | 15 6 BISNO 9 HAGI | | X | | | | | | <input type="checkbox"/> |
| Walkover St 51 (Good Shepherd Village Phase II) | Lakehead Christian Senior Citizen Apartments | NP MOD   | 60+ | APT | 4 | | X | X | | | | | <input type="checkbox"/> |
| Wolseley St 256 (Holy Protection Millenium) | Holy Protection Millenium Home | NP   | 60+ | APT | 2 | | X | X | | | | | <input type="checkbox"/> |

THUNDER BAY ACCESSIBLE / SUPPORTIVE

***Note* The following properties can only be selected
by TBDSSAB staff or by a Community Partner**

| Project Name/Address | Housing Provider | Symbol | Eligible Applicants | Bldg Type | # of Units | Bedroom Size | | | | | | ✓ | |
|---|------------------|---|--|-----------|-------------------------|--------------|---|---|---|---|-----|---|--------------------------|
| | | | | | | B | 1 | 2 | 3 | 4 | 5 + | | |
| Cumberland St N 545 (Journey to Life) | Salvation Army | RS MOD   | SUP SIN Portable Housing Benefit application | APT | 20 (shared units) | 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 + | | |
| GREENSTONE - GERALDTON | | | | | | | | | | | | | |
| Third Ave 215 A-F (Phase II) | Geraldton Non-Profit Housing | NP MOD |  | SIN | TH | 6 | | X | | | | | <input type="checkbox"/> |
| Third St, First St E (Phase III) | Geraldton Non-Profit Housing | NP MOD |  | SIN | SEMI TH | 10 | | X | X | | | | <input type="checkbox"/> |
| MARATHON | | | | | | | | | | | | | |
| Abrams St | Marathon Municipal Non-Profit Housing Corporation | NP |  | SIN | TH | 11 | | X | X | | | | <input type="checkbox"/> |
| Hemlo Dr 5 (Warwick Square) | Marathon Municipal Non-Profit Housing Corporation | NP MOD |   | SIN | APT | 40 | | X | X | | | | <input type="checkbox"/> |
| Rent Supplement Program Various Addresses | TBDSSAB | RS |  | SIN | N/A | N/A | | X | X | | | | <input type="checkbox"/> |
| Wildwood Trail 4 | Marathon Municipal Non-Profit Housing Corporation | NP MOD |  | SIN | APT | 16 | | X | X | | | | <input type="checkbox"/> |
| MANITOUWADGE | | | | | | | | | | | | | |
| Graham Dr (Phase III) | Manitouwadge Municipal Housing Corporation | NP | | SIN | TH | 9 | | X | | | | | <input type="checkbox"/> |
| Ohsweken Rd 17-19 (Phase IV) | Manitouwadge Municipal Housing Corporation | NP | | SIN | APT-SS | 4 | | X | | | | | <input type="checkbox"/> |
| 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"/> |
| GREENSTONE - LONGLAC | | | | | | | | | | | | | |
| Skinner Ave 93 (Chateaulac) | Chateaulac Housing Corporation | NP MOD | | 55+ | APT-SS | 12 | X | X | | | | | <input type="checkbox"/> |
| KAKABEKA FALLS | | | | | | | | | | | | | |
| Hill Street 12 (Village Apartments Phase I) | Kay Bee Seniors Non-Profit Housing Corporation | NP | | 60+ | APT-SS | 20 | X | X | | | | | <input type="checkbox"/> |
| Hill Street 14 (Village Apartments Phase I) | Kay Bee Seniors Non-Profit Housing Corporation | NP | | 60+ | APT-SS | 10 | X | X | | | | | <input type="checkbox"/> |
| Hwy 11-17 (Legion Park) | Kakabeka Legion Seniors Development Corporation | NP MOD | | 60+ | APT-SS | 10 | X | X | | | | | <input type="checkbox"/> |
| MANITOUWADGE | | | | | | | | | | | | | |
| Huron Walk 84 (Phase I) | Manitouwadge Municipal Housing | NP MOD | | 60+ | APT | 13 | X | X | | | | | <input type="checkbox"/> |
| MARATHON | | | | | | | | | | | | | |
| Peninsula Rd 24 (Peninsula Manor) | Town of Marathon North of Superior Health Group | RS MOD | | 55+ | APT-SS | 4 | 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"/> |
| RED ROCK | | | | | | | | | | | | | |
| Taylor Ave 30 (Mountainview Court) | Red Rock Municipal Non-Profit Housing Corp | NP MOD | | 60+ | APT-SS | 12 | 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 – GERALDTON | | | | | | | | | | | | |
| Holm Ave (Phase 1) | Geraldton Native Housing Corporation | NP | | FAM | DET | 15 | | | | X | | <input type="checkbox"/> |
| Assad Cres Barton Ave W Daneff Cres First St E First St W MacKenzie Ave E Main St* Osesky Dr Third Ave SE (Phase II) | Geraldton Native Housing Corporation | NP | | FAM | DET | 15 | | | | X | X* | <input type="checkbox"/> |
| Daneff Cres Wardrope Ave W (Phase III) | Geraldton Native Housing Corporation | NP | | FAM | DET | 3 | | | | X | | <input type="checkbox"/> |
| Third St W, 2 nd St W, First St E (Phase I) | Geraldton Non-Profit Housing | NP | | FAM | SEMI TH | 12 | | X | X | | | <input type="checkbox"/> |
| Third St, First St E (Phase III) | Geraldton Non-Profit Housing | NP MOD | | FAM | SEMI TH | 10 | | X | | | | <input type="checkbox"/> |
| GREENSTONE – LONGLAC | | | | | | | | | | | | |
| Centennial Dr | TBDSSAB | LHC | | FAM | TH | 12 | | | | X | X | <input type="checkbox"/> |
| MANITOUWADGE | | | | | | | | | | | | |
| Manitou Rd Graham Dr (Phase III) | Manitouwadge Municipal Housing Corporation | NP | | FAM | SEMI | 10 | | X | X | | | <input type="checkbox"/> |
| Moose Dr Otter Ave (Phase I) | Manitouwadge Municipal Housing Corporation | NP | | FAM | SEMI | 18 | | X | X | | | <input type="checkbox"/> |
| Moose Dr Otter Ave (Phase II) | Manitouwadge Municipal Housing Corporation | NP | | FAM | SEMI | 11 | | X | X | | | <input type="checkbox"/> |
| Ohsweken Rd 17-19 (Phase IV) | Manitouwadge Municipal Housing Corporation | NP | | FAM | APT-SS | 8 | | X | | | | <input type="checkbox"/> |
| MARATHON | | | | | | | | | | | | |
| Abrams St | Marathon Municipal Non-Profit Housing | NP | | SIN FAM | TH | 7 | | X | X | | | <input type="checkbox"/> |
| Hemlo Dr 5 (Warwick Square) | Marathon Municipal Non-Profit Housing | NP | | FAM | APT | 40 | | X | X | | | <input type="checkbox"/> |
| Rent Supplement Program Various Addresses | TBDSSAB | RS | | FAM | N/A | N/A | | X | | | | <input type="checkbox"/> |
| Wildwood Trail 4 | Marathon Municipal Non-Profit Housing | NP | | FAM | APT | 10 | | 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+ | | |
| GREENSTONE - GERALDTON | | | | | | | | | | | | | |
| Third Ave 215 A-F (Phase II) | Geraldton Non-Profit Housing | NP MOD |  | SIN | TH | 1 | | X | | | | | <input type="checkbox"/> |
| Third St W, 2nd St W, First St E (Phase I) | Geraldton Non-Profit Housing | NP MOD |  | FAM | SEMI TH | 1 | | | | X | | | <input type="checkbox"/> |
| Third St, First St E (Phase III) | Geraldton Non-Profit Housing | NP MOD |  | FAM | SEMI | 1 | | | X | | | | <input type="checkbox"/> |
| KAKABEKA FALLS | | | | | | | | | | | | | |
| Hill St 12 (Village Apartments Phase I) | Kay Bee Seniors Non-Profit Housing Corporation | NP |  | 60+ | APT-SS | 1 | | | X | | | | <input type="checkbox"/> |
| MANITOUWADGE | | | | | | | | | | | | | |
| Graham Dr (Phase III) | Manitouwadge Municipal Housing Corporation | NP MOD | | SIN | APT CF | 1 | | X | | | | | <input type="checkbox"/> |
| Huron Walk 84 (Phase I) | Manitouwadge Municipal Housing Corporation | NP MOD |  | 60+ | APT | 1 | | X | | | | | <input type="checkbox"/> |
| Otter Ave (Phase II) | Manitouwadge Municipal Housing Corporation | NP MOD |  | FAM | SEMI | 1 | | | | X | | | <input type="checkbox"/> |
| MARATHON | | | | | | | | | | | | | |
| Hemlo Dr 113C-5 (Warwick Square) | Marathon Municipal Non-Profit Housing Corporation | NP MOD |   | SIN | APT | 1 | | X | | | | | <input type="checkbox"/> |
| Wildwood Trail 105-4 | Marathon Municipal Non-Profit Housing Corporation | NP MOD | | SIN | APT | 1 | | X | | | | | <input type="checkbox"/> |
| NIPIGON | | | | | | | | | | | | | |
| Wadsworth Dr 131 (Niprock Life Skills) | TBDSSAB | NP MOD |   | SIN | APT-SS | 7 | | X | | | | | <input type="checkbox"/> |

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

- Please advise our office if your contact information changes.
- Anyone over the age of 16 must sign the application.

IDENTIFICATION

We DO NOT accept photo cards (Health Cards, Driver's License) as a form of 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).

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.

Investments: Copies of Registered Disability Investments.

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.

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 and on our website).

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