



**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) Special Priority: Victim of family violence. Your household must provide a "Verification Declaration Package" to verify your situation.
  - b) Urgent: Medical Status or Safety Status
  - c) Displacement due to fire or other disaster
  - d) Necessity to escape family abuse
  - e) A medical condition where the current unit is inaccessible, aggravates the medical condition, prevents treatment or increases the cost of treatment. An "Attending Physician's Report" must be completed by your doctor outlining the reason(s) he/she is recommending a transfer.
  - f) Overhoused: the number of bedrooms exceeds those required by the household. Overhoused households may be automatically placed on the waiting list.
  - g) 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.
  - h) Transportation: A household may be considered for a transfer if transportation between the place of employment and the home is excessive or unavailable. The household must demonstrate stable employment defined by a period of employment with the same employer for a minimum of six (6) months.
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. PREGNANCY (if applicable and if it will create an underhoused situation)**

- A note from your physician or mid-wife indicating the approximate due date of the baby

**3. SPECIAL PRIORITY STATUS (if applicable)**

If you or a member of your family are experiencing family violence, personal safety issues of an extraordinary nature, or serious medical/health needs which would result in great hardships if you are required to wait a prolonged period of time, you may qualify for one of the following priority statuses:

- **Special Priority Status:** Verification Declaration package available from the TBDSSAB
- **Urgent Medical Status:** Attending Physician's Report package must be completed
- **Urgent Safety Status:** Please provide documentation supporting your claim

**4. CUSTODY OF DEPENDENTS (if single parent)**

- If you are applying as underhoused for any new members of the household.

**5. 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.

**6. TRANSPORTATION**

- Confirmation of start date at place of employment along with work address
- Confirmation that there are no other means of transportation available (i.e. family vehicle, public transportation, etc.)

**7. 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

**PRIORITY STATUS:** refers to the fact that some applicants may be disadvantaged by a chronological tenant selection system and have unique circumstances, sometimes beyond their control. These circumstances may qualify the applicant for "Special" or "Urgent" status that gives them priority placement on the waiting list. Additional documentation is required to determine eligibility. Further details of these special statuses are outlined in the **Guide to Social Housing** available at The District of Thunder Bay Social Services Administration Board.

**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.**

<b>SECTION 1 – Primary Applicant Details</b>				
<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		
<b>Status in Canada (proof of legal status must be provided for all household members)</b>				
<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			
<b>Do you identify with any of the following Indigenous Peoples?</b>				
<input type="checkbox"/> Inuit	<input type="checkbox"/> Non-Status Indian	Name of Band:	Band Number:	
<input type="checkbox"/> Metis	<input type="checkbox"/> Status Indian			
<b>Special Priority: This pertains to all members listed on this application</b>				
<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:				
<b>If you checked either of the above, please obtain a Verification Declaration Package from The District of Social Services Administration Board.</b>				
<b>Mailing Address:</b>				
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
<b>Last Name:</b>				
<b>First Name:</b>				
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				
<b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Assets	Applicant \$ Value	Co-Res 1 \$ Value	Co-Res 2 \$ Value	Co-Res 3 \$ Value
<b>Last Name:</b>				
<b>First Name:</b>				
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				

<b>SECTION 5 – Housing Preferences and Additional Requirements</b>			
I/We require a unit with accessibility options	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I/We require the following type of unit ( <b>eligibility requires an Attending Physician's Report if applicable</b> ):			
<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
<b><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></b>			
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 ( <b>contact TBDSSAB to obtain an Attending Physician's Report</b> )	<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			
<b>APT-SS</b>	Apartment Single Storey	<b>LHC</b>	Local Housing Corporation
<b>CF</b>	Core Floor	<b>NP</b>	Non-Profit Provider
<b>DET</b>	Detached Single Family Home	<b>SEMI</b>	Semi-Detached
<b>FAM</b>	Family	<b>SPN</b>	Special Needs
<b>FED</b>	Federally Funded	<b>SUP</b>	Supportive Housing
<b>FOUR</b>	Four-Plex	<b>TH</b>	Townhouse
<b>I-FAM</b>	Indigenous Families (status required)		

























	Medical Report Required		Elevator
<b>MOD</b> 	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

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+)

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  	60+	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  	60+	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	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 +	
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"/>
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"/>
Madeline St 275 (Elizabeth Court)	TBDSSAB	LHC MOD	60+	APT	4		X					<input type="checkbox"/>
Pacific Ave 229	TBDSSAB	RS MOD 	SIN LIMITED BARRIER UNITS  WHEELCHAIR	APT	2	X						<input type="checkbox"/>
					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  	ACCESSIBLE 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 PI	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 +		
<b>NIPIGON</b>													
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 +	
<b>GREENSTONE - GERALDTON</b>												
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"/>
<b>NIPIGON</b>												
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"/>
<b>SCHREIBER</b>												
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 +	
<b>GREENSTONE – LONGLAC</b>												
Centennial Dr	TBDSSAB	LHC	FAM	TH	12				X	X		<input type="checkbox"/>
<b>NIPIGON</b>												
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 +	
<b>NIPIGON</b>												
Wadsworth Dr 131 (Niprock Life Skills)	TBDSSAB	NP MOD	SIN	APT-SS	7		X					<input type="checkbox"/>