



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

COMPLETE APPLICATIONS ARE ACCEPTED:

By Fax: 807-345-7921
By Email: intake@tbdssab.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
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Marital Status:	Maiden Name / Alias:	Date of Birth: DD / MM / YYYY	SIN:
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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:
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Home Phone:	Cell Phone:	Work Phone:
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May we contact you at these numbers? Yes No

Other Contact Name:	Phone #:
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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
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Landlord Name:	Landlord Phone:
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Landlord Address:	When did you move in? DD / MM / YYYY
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Current monthly rent: \$	Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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 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+)

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  	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"/>
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  	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"/>
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   	60+	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"/>
Dawson Rd 1460 (Lodge on Dawson)	St. Joseph Care Group	RS MOD  	SUP SIN SPDAT 30+ SEN SPDAT20+	APT	30 (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).