



HOUSING SECURITY FUND APPLICATION FOR BED BUG INFESTATION

OW ODSP NON SAR

Given Name			Surname		DOB
Spouse Given Name			Spouse Surname		DOB

Address Information					
Street #	Street			Unit #	
City	Province	Postal Code	Home phone #	Alternate phone #	

Landlord Information		
Name:	Address:	Phone #:

Are you renting from a Relative or a Relative of another household member? Yes No

Are you planning to live at this address for the next 12 months? Yes No

List all individuals residing in home Name	Date of Birth	Relationship to applicant

*****IMPORTANT*** Verification of infestation (eg: Pest Control Report) must be submitted and include a list of items that were removed due to infestation**

Has clean-up of the infestation been completed? Yes No

If not, please provide date when clean-up will be completed DD / MM / YYYY

Items Applying for: (two quotes from two different vendors submitted for every requested item – one quote for satellite offices)
--

Requested Item	Cost

Have you applied to any other agency/program for assistance with these items? Yes No

If "yes", please provide name of agency, date applied and amount of funds issued:

Date: _____ Agency: _____ Amount: _____

TO BE COMPLETED BY NON SOCIAL ASSISTANCE RECIPIENTS ONLY:

Total Monthly Income for everyone living in the home	Gross	Net	Total Monthly Accommodation Costs	
Total earnings (for the previous 8 weeks)			Mortgage	
Ontario Works/ODSP			Rent	
Child tax/Universal Benefit			Gas	
Support			Hydro	
Employment Insurance (EIB)			Oil	
Canada Pension (CPP)			Water	
Old Age Security (OAS)			Hot Water Tank Rental	
Private Pensions			Taxes	
Workplace Safety Insurance Benefit (WSIB)			House Insurance	
OSAP (Ontario Student Assistance)			Lot Rental	
Native Band Allowance			Other (specify)	
Rental or Roomer/Boarder Income				
Investment Income				
Self- Employment Income				
Other Income (please specify)				
Total Monthly Income			Total Monthly Accommodation Costs	

Other Persons Paying Shelter Costs at this address				No	Yes, list details below
Name		Name			
Rent	Gas	Rent	Gas		
Hydro	Water	Hydro	Water		
Name		Name			
Rent	Gas	Rent	Gas		
Hydro	Water	Hydro	Water		

HOUSING SECURITY FUND

Declaration, Release and Consent of Information

I/we _____ (name of applicant) _____ (name of co-applicant)

consent to the collection, disclosure, transmittal and release of information to an authorized representative of The District of Thunder Bay Social Services Administration Board (TBDSSAB), for the purpose of verifying information and establishing eligibility for assistance from the Housing Security Fund (HSF).

I/we declare that all information that I/we have provided for this application is true, correct and complete. If it is determined that information has been omitted or is incorrect, TBDSSAB may cancel my/our application, and I/we may be responsible for repayment of any funds issued on my/our behalf under the HSF.

Without restricting the generality of the consent I/we specifically consent to the collection of and release of information relating to income, assets or accommodation costs, as well as the release to TBDSSAB by utility companies, landlords or other related entities information concerning my/our arrears and other ongoing or outstanding obligations.

I/we further consent to an authorized representative of TBDSSAB disclosing personal information about me/us, any of my/our dependent children or children temporarily in my/our care, to third parties for the purpose of determining or verifying my/our eligibility for financial assistance under the HSF.

I/we further consent to the information being exchanged with a representative of The District of Thunder Bay Social Services Administration Board, the Ministry of Community and Social Services or the Ministry of Municipal Affairs and Housing, or any agency or any party in order to verify information for the purposes of determining or verifying my/our eligibility for financial assistance and administering my/our financial assistance under the HSF.

I/we understand that this consent will apply to inquiries made relating to my/our eligibility for, as well as my/our receipt of financial assistance under the HSF from which funding is issued.

I/we further understand that the inquiries may take the form of electronic data exchanges.

Signature of applicant	Witness	Date
Signature of co-applicant	Witness	Date
Signature of children over 18	Witness	Date

**** All household members over the age of 18 must sign the application ****

The personal information on this form is collected under the legal authority of the District Social Services Administration Boards Act, or the Ontario Works Act, 1997, or the Housing Services Act, 2011 by TBDSSAB. The information is used to determine eligibility for the HSF and aggregate statistical reporting. Questions about this collection can be directed to the Chief Privacy Officer/Freedom of Information Coordinator, The District of Thunder Bay Social Services Administration Board, telephone (807) 766-2111 or toll free 1-877-281-2958, 231 May St S., Thunder Bay, ON P7E 1B5.

FOR OFFICE USE ONLY	
<p>Worker Recommendation:</p> <p><input type="checkbox"/> Approved Issue \$ _____</p> <p><input type="checkbox"/> Denied Reason _____</p>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p style="margin: 0;">Issuances in past 24 months:</p> </div>
<p>_____ Worker</p> <p><input type="checkbox"/> Entered into spread sheet (date) _____</p>	<p>_____ Supervisor</p>