

# HOUSING SECURITY FUND APPLICATION FOR BED BUG INFESTATION

Given Name       Sumame       DOB         Spouse Given Name       DOB         Address Information       Street       Unit #         City       Province       Postal Code       Home phone #         City       Province       Postal Code       Home phone #         Landlord Information       Address:       Phone #         Name:       Address:       Phone #         e you renting from a Relative of another household member?       Yes       No         List all individuals residing in home       Date of Birth       Relationship to applicant         Name       Image:       Image:       Image:         'IMPORTANT***Yerification of infestation (eg: Pest Control Report) must be submitted and include a list of items at were removed due to infestation       Image:         as clean-up of the infestation been completed?       Yes       No       Image:         as clean-up of the infestation been completed?       Yes       No       Image:         Int, please provide date when clean-up will be completedDDD/MM      YYYY       Image:         Int, please provide date when clean-up will be completedDDD/MM      YYYY       Image:         Interstation       Image:       Image:       Image:         Interstation       Image:       Ima		ОWЦ	ODSP		DN SAR ロ	
Address Information       Street       Unit #         Street #       Unit #         City       Province       Postal Code       Home phone #       Alternate phone #         Landlord Information       Name.       Address:       Phone #:       Phone #:         e you renting from a Relative or a Relative of another household member?       Yes       No       Province         e you planning to live at this address for the next 12 months?       Yes       No       Province         List all individuals residing in home       Date of Birth       Relationship to applicant         Name       Image: Comparison of the infestation (eg: Pest Control Report) must be submitted and include a list of items at were removed due to infestation         as clean-up of the infestation been completed?       Yes       No         not, please provide date when clean-up will be completedODD/MM/ YYYY	Given Name			Surname		DOB
Street #       Street       Unit #         City       Province       Postal Code       Home phone #       Atternate phone #         Landlord Information       Name:       Address:       Phone #:         Name:       Address:       Phone #:         e you renting from a Relative or a Relative of another household member? Yes       No	Spouse Given Name			Spouse Surname	DOB	
City       Province       Postal Code       Home phone #       Alternate phone #         Landlord Information       Name:       Address:       Phone #:	Address Information					
Landlord Information       Address:       Phone #:         a you renting from a Relative or a Relative of another household member? Yes       No          a you renting from a Relative or a Relative of another household member? Yes       No          a you planning to live at this address for the next 12 months?       Yes       No          List all individuals residing in home       Date of Birth       Relationship to applicant         Name	Street #	Street				Unit #
Name:       Address:       Phone #:         e you renting from a Relative or a Relative of another household member? Yes       No         e you planning to live at this address for the next 12 months?       Yes       No         List all individuals residing in home       Date of Birth       Relationship to applicant         Name       Date of Birth       Relationship to applicant         Ist all individuals residing in home       Date of Birth       Relationship to applicant         Name       Important       Important       Important         Important***/Verification of infestation (eg: Pest Control Report) must be submitted and include a list of items at were removed due to infestation       Important         Interpretent of the infestation been completed?       Yes       No         not, please provide date when clean-up will be completedDD      MM       _/_YYYY         tems Applying for: (two quotes from two different vendors submitted for every requested item – one quote for satellite offices)	City		Province	Postal Code	Home phone #	Alternate phone #
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List all individuals residing in home       Date of Birth       Relationship to applicant         Name	e you renting from a Relati	ve or a Relative of anot	her household	member? Yes		
Name       Image: Name         Image: Name       Image: Name <td>e you planning to live at thi</td> <td>s address for the next 1</td> <td>2 months?</td> <td>Yes</td> <td>🗆 No 🗖</td> <td></td>	e you planning to live at thi	s address for the next 1	2 months?	Yes	🗆 No 🗖	
at were removed due to infestation as clean-up of the infestation been completed?  No			Date	of Birth	Relations	ship to applicant
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tems Applying for: (two quotes from two different vendors submitted for every requested item – one quote for satellite offices)	as clean-up of the infestation	on been completed?		Yes	No 🗆	
	ot, please provide date wh	nen clean-up will be cor	mpletedD	DMI	MYYYY	
Requested Item       Cost	tems Applying for: (two	o quotes from two differe	ent vendors su	bmitted for every	requested item – one q	uote for satellite offices)
		Reques	sted Item			Cost
	yes", please provide name	of agency, date applie	d and amount o	of funds issued:		

Date:

Amount:

Rev (03/2025)

## TO BE COMPLETED BY NON SOCIAL ASSISTANCE RECIPIENTS ONLY:

Total Monthly Income for everyone living in the home			Net	Total Monthly Accommodation Cost		nodation Costs
Total earnings ( <i>for the previous 8 weeks</i> )				Mortga	ge	
Ontario Works/ODSP				Rent		
Child tax/Universal Benefit				Gas		
Support				Hydro		
Employment Insurance (EIB)				Oil		
Canada Pension (CPP)				Water		
Old Age Security (OAS)				Hot Wa	ter Tank Rental	
Private Pensions				Taxes		
Workplace Safety Insurance Benefit (WSIB)				House	Insurance	
OSAP (Ontario Student Assistance)				Lot Rer	ntal	
Native Band Allowance				Other (s	specify)	
Rental or Roomer/Boarder Income						
Investment Income						
Self- Employment Income						
Other Income (please specify)						
Total Monthly Income				Total M Accom	lonthly modation Costs	
Other Persons Paying Shelter Cost	s at this a	ddres	S	No	Yes, list detai	is 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

l/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				
Worker Recommendation:	Issuances in past 24 months:			
Approved Issue \$				
Denied Reason				
Worker	Supervisor			
Entered into spread sheet (date)				



#### TIPS FOR COMPLETING A HOUSING SECURITY FUND (HSF) APPLICATION

- 1. Complete all sections of the Housing Security Fund application form and attach copies of the required documentation listed below. If your application is incomplete and/or the required documentation is not attached, your application will be deemed incomplete and further follow up will be required which may delay the processing of your application.
- 2. Remember to sign and date your application. All household members 18 years of age and over must sign and date the application.
- 3. Submit all the required documentation to support your application.
- Income and Assets (for all household members 18 years of age and over):
  - Bank statements for all bank accounts for the last 8 weeks
  - Current statement for all investments (GIC, bonds, RRSP, etc.)
  - Pay stubs for the previous 8 weeks
  - Employment Insurance Benefits for the last 4 weeks
  - Support Payments
  - Child Tax Credit
  - Universal Benefit
  - Canada Pension
  - Old Age Security
  - Private Pensions
  - WSIB
  - Ontario Student Assistance (OSAP)
  - Native Band Allowance
  - Rental or Roomer/Boarder Income
  - Self-Employment Income
- 4. If you have any difficulty completing the application, please contact The District of Thunder Bay Social Services Administration Board at (807) 766-2111.
- 5. Once your application is received with all required documentation, it will be assessed for eligibility.
- 6. If your application is deemed eligible, a cheque will be issued to the vendor on your behalf. You will be notified in writing of your eligibility.
- 7. If you do not meet eligibility requirements, you will be notified in writing.
- 8. Completed applications may be mailed, faxed, or hand delivered to the address below.