



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 (<i>for the previous 8 weeks</i>)			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		



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

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.