Dear Applicant(s),

Please read through and complete the housing application in full and DO NOT leave any sections or questions blank – if a section or question doesn't apply to you and the members of your application, then please indicate with "N/A".

Your application will not be entered into the system and added to the waitlist for housing until all documentation listed below has been submitted. You will receive written confirmation from our office when your application has been processed.

REQUIRED INFORMATION:

Income Verification – copy of all sources for all members receiving income, such as:

- **Ontario Works** or **O.D.S.P.**, provide the most recent month's Statement and Address portions of the Client Summary, showing all members under benefits.
- **OSAP/Education Allowance**, provide the OSAP Assessment Summary or a letter from the funding agency.
- **Band Assistance**, provide the current statement as well as a printout of all family members covered under the same account.
- **Employed**, provide four (4) of the most recent and consecutive employers pay stubs.
- **Pension** (CPP, OAS, GAINS, etc.), provide banking statements from the **1st** of the month to the **30/31** of the month, for three (3) consecutive months.
- **Employment Insurance,** provide the weekly benefits statement of your claim, along with start date and expected duration of benefits.
- **Support Payments**, this includes both spousal and child support payments received, provide copy of the court order or written agreement showing payment amount and schedule, and banking statements for three (3) consecutive months.
- **Any other income source** as described on page 2 of the application.

Income Tax Return:

- Copy of Notice of Assessment, Tax Summary, or Proof of Income Statement, for most current year,
- Canada Child Benefits amount and payment schedule *(if applicable)*,
- The following information must be included: Name, Address, Social Insurance Number, Date of Birth, Province of Residence, Tax Year, Marital Status, and the Date of Assessment completed.
- If not completed at time of application, then provide copy of all applicable T-slips.

Proof of Aboriginal Ancestry *(as defined in the Indian Act of Canada)*:

- Provide copy of First Nation Status, Metis Citizenship, or Inuit Cards for ALL members of application (front & back),
- At least **half (50%)** of the application members must be of Aboriginal Ancestry,
- If copy of a Status Card is not available, a confirmation letter from your Band or Indigenous Services Canada (previously Aboriginal Affairs and Northern Development Canada) will be accepted.

Rent Receipt – most recent/current month:

- If you **do not pay** rent where you are currently residing, then provide a letter from the homeowner, confirming that you are living/staying there and **not** paying rent.
- If staying at a crisis centre or other facility, a letter from the Residence stating when you arrived, and the length of your stay is requested.

Utilities - If you're paying utilities for your current accommodation, provide a copy of the most recent paid statement/bills.

Medical Documentation *(only if medical condition requires special modifications or consideration for housing)*

- Attending Physician Form must be completed and submitted with application.
- If expecting a baby, please provide a letter from doctor, nurse practitioner or midwife confirming due date.

Custody Verification *(if applicable to your application)*, some acceptable documents are:

- Court Order / Custody Case legal paperwork – copy of applicable agreement sections only.
- Letter signed by other biological parent stating arrangement of full custody / primary residency.

If you have any questions or would like to make an appointment for help in filling out the forms, please contact the Tenant Placement Worker by email at placement@nptbdc.org or call the office.

NEW OFFICE LOCATION: 201 – 106 Cumberland St. N., Thunder Bay, ON. P7A 4M2

FOR OFFICE USE ONLY:			
CH	BD	CODE	APP

NPTBDC Indigenous Housing
Charitable Organization, Business No. 10776 5075 RR0001

NEW Location: 201 – 106 Cumberland St. N., Thunder Bay, ON, P7A 4M2
Tel: 807-343-9401 | Fax: 807-345-1075
Website: www.nptbdc.org

Application for RGI Rental Accommodations

Select application type: Family ☐ OR Senior ☐

INSTRUCTIONS:

Please read through and complete ALL sections of the application relating to you and your family.

Please print all information clearly in ink – blue or black ink is preferred.

DO NOT leave any questions or sections blank, if you do, your application will be returned to you for completion. If a section or question doesn't apply to you and/or your housing situation, please complete by indicating with "N/A".

The following documentation must be submitted with your application before it will be processed:

- ☐ INCOME VERIFICATION *(all sources, please see page 2)*
- ☐ INCOME TAX RETURN ASSESSMENT or PROOF OF INCOME STATEMENT *(most recent)*
- ☐ FIRST NATION STATUS, METIS CITIZENSHIP, or INUIT CARDS *(copy of both sides of cards)*
- ☐ RENT RECEIPT *(most recent month, or a letter from homeowner if not paying rent)*
- ☐ MEDICAL DOCUMENTATION *(complete Attending Physician's Report only if there are medical concerns requiring special consideration, modifications, or accessibility requests)*
- ☐ CUSTODY VERIFICATION *(if applicable)*

PLEASE NOTE:

- Once a complete housing application has been processed, it will be added to the Corporation's waiting list and an acknowledgement letter will be sent to applicants.
- Only those applications that have been completed in full, with signed consent of the Applicant and Co-Applicant(s), and all required documentation is submitted, will be considered for placement with the NPTBDC Indigenous Housing program.
- A housing unit shall be leased to persons of "Aboriginal Ancestry"; therefore, applicants must be of Aboriginal/Indigenous descent in accordance with the Indian Act, and **at least half (50%) of household must be** Aboriginal. *(Note: Persons are of "Aboriginal Ancestry" if they are Indians as defined in the INDIAN ACT OF CANADA, persons commonly referred to as Indians, Non-status, Metis, or persons of the Inuit race).*
- As part of the application process, the Corporation will complete a check through the province-wide database for rent and utility supplier arrears, as well as request a landlord reference.
- It is your responsibility to keep in touch with the Tenant Placement Worker on a regular basis to ensure that your application is kept "Active", and to provide the Corporation with any/all updates to your information concerning your application within thirty (30) days.
- It is the policy of the Corporation that all applications without activity in a six (6) months period will be changed to an "Inactive" status, and at twelve (12) months will be removed from the waiting list.
- Since 1973, the Corporation has been helping to house Indigenous families and seniors in Thunder Bay. Applications for single individuals who are not a senior, and/or without dependents, will not be eligible for the Corporation's housing program at this time and will be returned or shredded upon request.

DEFINITION OF TERMS

"RGI" is the short-form for rent-geared-to-income and includes subsidized rental housing.

"SPOUSE" means two (2) persons who:

A) Are married to one another or who represent that they are married to one another;
B) Are not married to one another who prove they cohabitate in a relationship of permanence or represent that they intend to do so.

"**FAMILY**" describes a minimum of two (2) persons, including at least one (1) dependent child.

"**SENIOR**" describes persons who are the age of fifty-five (55) years or older, or a couple where at least one person is aged fifty-five (55) or older.

"GROSS HOUSEHOLD INCOME" means payments and/or monies received BEFORE any/all deductions, resulting in the total combined income of:

- The Tenant and every person residing in the leased premises, eighteen (18) years or older.
- Every Tenant on the Lease but temporarily residing elsewhere.

"**INCOME**" means all received monies, benefits, and gains of every kind, and from every source, including, but not limited to the following:

A) Gross salaries, wages, overtime payments, commissions;
B) The gross amount of employment insurance benefits;
C) The gross amount of Workplace Safety Insurance Benefits or other industrial accidents insurance payments made because of illness or disability;
D) The gross amount of any Old Age Security, Federal Guaranteed Income Supplement, Spouse's Allowance, and financial assistance under the Ontario Guaranteed Annual Income System (GAINS);
E) The gross amount of every kind of social assistance benefit, pension, allowance, and annuity, whether from a Federal, Provincial or Municipal Government of Canada, or any level of government, of any other country or state, or from any other source;
F) The gross amount of alimony, separation, maintenance, or support payments (spousal/child);
G) The gross amount of gains from investments, including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ontario Housing Corporation from time to time;
H) The gross interest income from savings or chequing accounts in a bank, trust company or credit union;
I) The gross amount of interest earned or payable from bonds, debentures, term deposits or investment certificates, mortgages, capital gains or lump sum payments or other assets;
J) An imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time;
K) Net business income is income earned after deducting from revenue associated operating expenditures.

Income Producing Assets:

- Farm Property, which produces income.
- Real Estate (residential, commercial, farmland, cottage), which produces income.
- Savings Accounts (bank, credit union, etc.), annuities, Guaranteed Investment Certificates.
- Stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits.
- License which produces income (e.g. Taxi License).
- Business interest which produces income.

Non – Income Producing Assets:

- Life Insurance with a cash surrender value
- Registered Retirement Savings Plan
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- Collection of, or investments in, other valuable non-income producing assets
- Business interest which does not produce income.

SECTION #1 APPLICANT INFORMATION

Last Name: _____ First Name: _____

Maiden Name/Alias: _____ Date of Birth: _____
DD/MM/YYYY

Social Insurance Number: _____ _____ _____ Gender: Male ☐ Female ☐

Home Tel #: _____ Cell #: _____

Email Address _____ Use for Correspondence?
NO ☐ YES ☐

MARITAL STATUS: Single ☐ Widow ☐ Separated ☐ Divorced ☐ Married ☐ Common law ☐

CITIZENSHIP: Are you a Canadian Citizen? NO ☐ YES ☐
Do you have landed immigrant status? NO ☐ YES ☐

ABORIGINAL ANCESTRY:

Status: NO ☐ YES ☐ If 'YES', First Nation/Band Affiliation: _____

Inuit ☐ Métis Citizen ☐ Non-Status ☐ Non-Native ☐

CURRENT ADDRESS: *(Residency and Location of Family)*

Are you a current resident of the City of Thunder Bay? NO ☐ YES ☐

If "YES", how long have you and your family resided within the City? _____ Months or Years *(circle one)*

Address: _____ Apt. #: _____ Box #: _____

City/Town/Reserve: _____ Postal Code: _____

Landlord Name(s): _____

Landlord Tel #: _____ Email: _____

Do all members and dependents of application live in your current accommodation? NO ☐ YES ☐

If 'NO', please select reason for separation:

Children in Care ☐ Relocation for Medical Reasons ☐ Safety Concerns ☐ Shelter/Homeless ☐

Other ☐, please specify: _____

SECTION #2 CO-APPLICANT INFORMATION

Last Name: _____ First Name: _____

Maiden Name/Alias: _____ Date of Birth: _____
DD/MM/YYYY

Social Insurance Number: _____ _____ _____ Male ☐ Female ☐

MARITAL STATUS: Single ☐ Widow ☐ Separated ☐ Divorced ☐ Married ☐ Common law ☐

Relationship to APPLICANT: _____

SECTION #2 CO-APPLICANT INFORMATION *(cont'd)*

CITIZENSHIP: Are you a Canadian Citizen? NO ☐ YES ☐
Do you have landed immigrant status? NO ☐ YES ☐

ABORIGINAL ANCESTRY:

Status: NO ☐ YES ☐ If 'YES', First Nation/Band Affiliation: _____

Inuit ☐ Métis Citizen ☐ Non-Status ☐ Non-Native ☐

CURRENT ADDRESS: (*Complete ONLY if different from Applicant's address)*

Address: _____ Apt. #: _____ Box # : _____

City/Town/Reserve: _____ Postal Code: _____

Home Tel #: _____ Cell #: _____

Email Address _____ Use for Correspondence?
NO ☐ YES ☐

SECTION #3 CHILDREN / DEPENDENTS *(only if this pertains to your application)*

Name (First & Last)	Date of Birth DD / MM / YY	M/F	Relationship to Applicant	Aboriginal Yes/No
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

Is a baby expected? NO ☐ YES ☐ If 'YES', Due Date Expected _____/_____/_____ (*MM/DD/YY*)

SECTION #4 REASON FOR LEAVING CURRENT ACCOMMODATIONS

Select any / all reasons that apply to you:

HOMELESS ☐ MEDICAL ☐ OVERCROWDED ☐ CONDITION OF UNIT ☐ HIGH RENT ☐

TRANSPORTATION ☐ SOCIAL CONCERNS ☐ NOTICE OF EVICTION ☐ *
(**Submit copy of the Notice with application)*

OTHER ☐

Please Provide Brief Details:

_____

_____

_____

SECTION #5 SPECIAL PRIORITY CONSIDERATION

Are you and your family able to reside in a home with stairs? NO ☐ YES ☐

Do you or any other member of the application have a medical and/or health condition requiring accessibility needs such as wheelchair access or building modifications? NO ☐ YES ☐
If 'YES', copy of the Attending Physician's Report is required to be completed and submitted with application.

Do you have dependents in care of others because you do not have suitable housing? NO ☐ YES ☐
If 'YES', please submit letter of verification with application.

Are you applying because you are living in or fleeing an abusive relationship? NO ☐ YES ☐
If 'YES', please provide a safe contact number and/or address below:

Phone:	Address:
If you have left, please provide your move out date (dd/mm/yyyy):	

SECTION #6 CURRENT ACCOMMODATIONS

TYPE OF ACCOMMODATION:

House ☐ Apartment ☐ Room ☐ Duplex / Row Housing ☐ Crisis Housing / Shelter ☐ Trailer ☐

Other ☐, please specify: _____

When did you move into your current accommodations? (*mm/yyyy*) _____

Do you have a kitchen? NO ☐ YES ☐ **Do you have a bathroom?** NO ☐ YES ☐

Number of bedrooms available for you and your family to sleep in, please circle: 0 1 2 3 4+

Monthly Cost of accommodations: $ _____

Cost of utility per month, if paying: Heat $_____ Hydro $_____ Water $_____

Do you have a lease agreement? NO ☐ YES ☐

If 'YES', the lease is: monthly ☐ yearly ☐ End of lease date: _____

Are you or any other member of the application operating a business in/out of your current unit?
NO ☐ YES ☐
If 'YES', will you continue operating in/out of your future unit? NO ☐ YES ☐

Is there anything about your current accommodation which is HAZARDOUS to your health or safety?
(i.e., faulty wiring, falling plaster, no fire exits, broken stairs, dampness/no ventilation etc.)
NO ☐ YES ☐ If 'YES', PLEASE SPECIFY:

_____

_____

_____

Are there any features of your current accommodation which are INADEQUATE?
(*i.e., heating, lighting, ventilation, kitchen or bath facilities, recreation space for children etc.*)
NO ☐ YES ☐ If 'YES', PLEASE SPECIFY:

_____

_____

_____

SECTION #7 RENTAL EXPERIENCE

Do you have an application with any other social housing agency/provider in Thunder Bay?
NO ☐ YES ☐
If 'YES', provide name of agency/provider: _____

Have you or the Co-applicant resided in subsidized or rent-geared-to-income housing in Ontario?
NO ☐ YES ☐
If 'YES', provide location, agency/provider: _____

Do you or any member of application owe monies to ANY housing agency/provider or private landlord in Ontario? NO ☐ YES ☐

If 'YES', total amount owing: $_____ Name of housing provider: _____

If 'YES', is there a Payment Agreement in place? NO ☐ YES ☐ **

Do you or any member of the application owe monies to ANY utility company and/or provider?
NO ☐ YES ☐

If 'YES', total amount owing: $_____ Name of utility supplier: _____

If 'YES', is a Payment Agreement in place? NO ☐ YES ☐ **

*** NOTE: If 'YES', verification of agreement must be submitted with application.*

SECTION #8 RESIDENTIAL HISTORY – DO NOT INCLUDE CURRENT LOCATION

APPLICANT - Provide the residential history of your past two (2) addresses

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Were any of the landlords listed above family or related to you? NO ☐ YES ☐

CO-APPLICANT - Provide residential history for your past two (2) addresses if different from applicant.

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Were any of the landlords listed above family or related to you? NO ☐ YES ☐

SECTION #9 GROSS MONTHLY FAMILY INCOME			
	Applicant	**Co-Applicant**	**Other Member**
Employment *(Part time P/T or full time F/T)*	$	$	$
Ontario Works (OW)	$	$	$
Ontario Disability Support Program (ODSP)	$	$	$
Canada Pension Plan	$	$	$
Old Age Security	$	$	$
Employment Insurance	$	$	$
OSAP/Education or Training Allowance	$	$	$
Workplace Safety Insurance Board	$	$	$
Alimony and/or Child Support	$	$	$
Other (*please specify*):	$	$	$
	$	$	$
TOTALS:	$	$	$

Applicant's Employer Name / Company _____ Phone # _____

Co-Applicant's Employer Name / Company _____ Phone # _____

OW / ODSP Worker Name _____ Phone #_____ Ext #_____

SECTION #10 ASSETS *(please refer to page 2)*

Do you own property? NO ☐ YES ☐ If 'YES', the property is: Off Reserve ☐ On Reserve ☐

If 'YES', please provide details regarding location, type of property, and approximate market value:

_____

Do you own an automobile? NO ☐ YES ☐ If 'YES', Make/Model: _____ Year: _____

Do you have any assets? NO ☐ YES ☐ If 'YES', provide detail: _____

SECTION #11
In case of emergency, please provide contact details for up to three (3) family members or friends

NAME	RELATIONSHIP *(i.e. friend, Aunt, Mother, etc.)*	PHONE NUMBER

SECTION #12 ADDITIONAL HOUSEHOLD INFORMATION

Do you have any pets? NO ☐ YES ☐ If 'YES', how many? _____ What type? _____

Do you or any other member of the application smoke? NO ☐ YES ☐

Do you have a location preference? NO ☐ YES ☐
If 'YES', please select from the below city of Thunder Bay wards available:

McIntyre ☐ Current River ☐ Red River ☐ Northwood ☐ McKellar ☐ Westfort ☐

DECLARATION, RELEASE AND CONSENT TO INFORMATION

I/we make the following representations and warranties knowing that they will be relied upon by NPTBDC Indigenous Housing (previously "Native Housing") a.k.a. the "Corporation", to assess my/our qualifications for rental accommodation, and to establish the amount of rent payable.
I have read the definitions of income and gross family income set out in this form, and I fully understand them.
I understand that if rental accommodations are provided to me by the Corporation's housing program, it will be occupied by myself, and only the persons listed on this application.
I understand that completion of this application does not constitute an agreement on the part of the Corporation to provide me with rental accommodation through the housing program.
I give my consent to the Corporation to check and confirm my credit history, rental history, references, employment history, income, and including that of Co-Applicant, and any Guarantor thereof, or complete any inquiries that it deems necessary, to verify the information given in this application form.
I authorize any person, corporation, or any social agency having knowledge of any such required credit history, rental history, and income amount, to exchange any information to the Native People of Thunder Bay Development Corporation to verify the above as permitted under the Ontario Human Rights Code.
I agree to provide any supporting information and documentation requested by the Corporation, which may be required to establish eligibility for the housing program.
Personal information contained on this form or in attachments is collected by NPTBDC Indigenous Housing (previously "Native Housing") Program pursuant to the Freedom of Information and Protection Act, (R.S.O. 1990, cF 31) or the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, cM 56).
The undersigned agree(s) and hereby certifies that all information given in this application and provided documentation is true, accurate and legal, and understands that providing false or misleading information will result in this application being cancelled.

Applicant Name (PRINT)	Signature	Date
Co-Applicant Name (PRINT)	Signature	Date
Witness Name (PRINT)	Signature	Date

Questions or concerns? Please call our office at 807-343-9401

SUBMIT COMPLETED APPLICATIONS TO:

By Mail or In Person: NPTBDC Indigenous Housing
Unit 201 – 106 Cumberland Street North
Thunder Bay, ON. P7A 4M2

By Email: placement@nptbdc.org

NPTBDC Indigenous Housing
Charitable Organization, Business No. 10776 5075 RR0001

NEW Location: 201 – 106 Cumberland St. N., Thunder Bay, ON, P7A 4M2
Tel: 807-343-9401 | Fax: 807-345-1075
Website: www.nptbdc.org

ATTENDING FAMILY PHYSICIAN'S REPORT	
Patient's Full Name:	
Date of Birth:	
Current Address:	
Physician's Name:	

Important Note to Physician:
Your patient has applied for rent-geared-to-income housing assistance, or is requesting an Internal Transfer, based on their medical condition needs. Consequently, the patient requests that you provide NPTBDC Indigenous Housing (previously "Native Housing") with information specifically outlining why the urgent request for rental housing, or how a specific unit type *(wheelchair accessible, core floor, extra bedrooms, etc.),* will significantly reduce the symptoms of a medical condition. General statements indicating that the client will simply benefit from a certain type of rental unit is insufficient. *Your report will remain confidential.*

PRIMARY DIAGNOSIS:	
PROGNOSIS:	
SECONDARY DIAGNOSIS:	
PROGNOSIS:	

Which of the following would you categorize the patient's medical status:

- ❑ Life threatening and/or degenerative.
- ❑ Chronic but not life threatening.
- ❑ Short-term duration: ___6 Months ___12 Months ___24 Months

Your patient is applying to the Corporation Housing Program, and/or requesting an Internal Transfer due to medical needs, please explain in detail:

1. **How the health problems are aggravated by their present accommodation:**

_____

_____

_____

2. **How your patient would benefit from receiving an extra bedroom, if applicable:**

_____

_____

_____

Do you feel that your patient be capable to live independently in a self-contained, single-family unit?
☐NO ☐YES ☐With Support

Provide details of the services that are, or will be, in place to ensure independent living:

_____

_____

_____

If the medical diagnosis indicates behavioural/psychological issues that may be considered anti-social, violent, destructive, or self-destructive, please explain below:

_____

_____

_____

Attending Physician's Endorsement: I hereby certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.

OFFICE STAMP:	
PHYSICIAN SIGNATURE:	

Authorization/Release by Patient/Applicant/Tenant:

Following review by NPTBDC Indigenous Housing (previously "Native Housing") of the information contained herein. I wish this document to be: ☐ Kept on file for possible future reference; ☐ Returned to me; ☐ Destroyed.

I, _____, *(print name)* hereby authorize NPTBDC Indigenous Housing (previously "Native Housing") Corporation to collect personal information concerning myself including all medical information necessary to complete this form by my Attending Physician.

Personal information contained herein or in attachments is collected by NPTBDC Indigenous Housing (previously "Native Housing") pursuant to the *Freedom of Information and Protection of Privacy Act. (R.S.O. 1990. c.F.31)* of the *Municipal Freedom of Information 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, the size and type of unit eligible for, the placement of the household on the waiting lists, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal/provincial and federal departments and agencies who 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 *Social Housing Reform Act, (2000)*, the *Ontario Disability Support Program Act. (1997)*, the *Ontario Works Act, (1997),* or the *Day Nurseries Act*. 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: Mitchell Argue, Director of Housing, NPTBDC Indigenous Housing, Unit 201 – 106 Cumberland Street North, Thunder Bay, Ontario, P7A 4M2, (807) 343-9401.

I further authorize my Attending Physician to release any required medical information to NPTBDC Indigenous Housing which may be required to establish eligibility for the housing program.

Patient Signature:	Date: