

FOR OFFICE USE ONLY:			
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Rent-geared-to-income (RGI) Housing Application

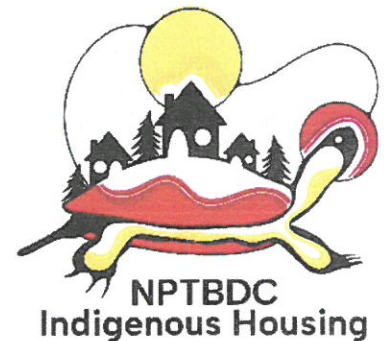
Must be completed in full and returned to:

By mail or in person:

NPTBDC Indigenous Housing
 Atten: Tenant Placement Officer
 Suite #201 - 106 Cumberland St. N.
 Thunder Bay, ON. P7A 4M2

OR by email:

placement@nptbdc.org



1. Eligibility

To be eligible for subsidized rent-geared-to-income (RGI) housing through NPTBDC Indigenous Housing program, you must meet ALL of the following conditions at time of submitting your application:

- At least one (1) person in your household must be sixteen (16) years of age or older and able to live independently.
- At least half (50%) of the household members must be Aboriginal in accordance with the Indian Act (*where 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*).
- If single Applicant, the Primary Applicant has full custody of all dependent children of the application; or a letter from an agency involved with the care / custody of children confirming that full custody / primary residency will be returned should proper housing be secured.
- No member of the household owes money to a social housing provider in Ontario; however, if you have a repayment agreement in place with the said provider then you must provide proof of terms and payment schedule.
- No member of the household has been convicted of an offence in relation to rent-geared-to-income assistance or found by a court of law or the Landlord and Tenant Board to have misrepresented their income for the purpose of rent-geared-to-income assistance.
- Your combined gross household income and assets do not exceed the Household Income Limits (HILs).
- All members of the household must be a Canadian citizen.

2. Instructions

- **Please print and fill out ALL sections of the application form. Please print in ink.**
- **Refer to page #9 for the listing of required documentation to be included with your application submission.**
- You must provide proof of Indigenous/Aboriginal Ancestry for all household members where applicable; copy of the front and back sides of First Nation Status, Metis Citizenship or Inuit card is required. If copy is not available, then a letter with registry numbers from Indigenous Services Canada, or your band, will be acceptable.
- All household members who are eighteen (18) years of age or older must report and provide proof of their current income source(s), unless they are attending school full-time, then a copy of school transcript is required.
- If you apply for High Priority status you will be required to provide supporting documentation from a professional or social services agency and/or have the attached medical report form completed by your attending family physician.
- Read carefully the "Release, Consent and Declaration of Information". All household members sixteen (16) years of age and older must sign the declaration form.
- Review your application to make sure you haven't missed anything. Leaving sections blank, missing information or documents causes delays and will postpone approval of your application for the waiting list.
- Please attach additional sheets if you need more space for any section.
- You may be requested to provide additional documentation to verify any information you have included in your application.

3. Additional Information

- You must report directly to the Tenant Placement Officer of any changes to your information regarding the application within thirty (30) days.
- You must check-in with your application at minimum once every six (6) months to keep your file status "Active".
- Failing to provide updated information or check-in on a regular basis may result in the cancellation of your file.
- You are only allowed to one (1) offer of rent-geared-to-income housing. If you refuse the offer, your application will be returned to the bottom of the waiting list regardless of priority.
- The system for selecting households is based on the greater need for housing and then by date of application.
- High Priority status may be given to your application if you are, or are at risk of, experiencing homelessness.
- High Priority status may be given to your application if you are fleeing abuse by someone whom you live with, have lived with, or is acting as your sponsor. Certain criteria must be met.
- High Priority status may be given to your application if your personal safety is threatened or you have a life-threatening or terminal illness made worse by your current living situation. Certain criteria must be met.
- You must have a current income source when applying for rent-geared-to-income (RGI) housing and may be required to pursue income from one or more of the following sources:
 - Social Assistance (e.g. Ontario Works)
 - Employment Insurance
 - Any pension or support payments required under a sponsorship agreement

Please note that failure to pursue and obtain a source of income within the required time frame (with a maximum of 60 days) will result in a decision of your application being ineligible at the time of a housing offer.

- Applicant households must agree in writing to sell any residential property suitable for year-round occupancy to be eligible for placement on the Corporation's waiting list for RGI subsidized housing units. Also, the property must be sold within a maximum of one hundred eighty (180) days of the applicant having been housed in a suitable RGI unit and proof of sale must be provided.
- NPTBDC Indigenous Housing currently does not provide subsidized housing for single individuals who are under the age of fifty-five (55) years and/or with no dependent children.
- The information provided on this form and attached documents will be used to determine applicant eligibility for subsidized rent-geared-to-income (RGI) housing.
- 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, at twelve (12) months will be removed from the waiting list and the file cancelled.

When the Tenant Placement Officer receives your application, they will review and make sure that it is complete and that all the required documents are included. If your application is not complete, the Tenant Placement Officer will let you know what information is missing by letter or email.

If your application is complete and all supporting documents are included, you will get a letter or email telling you:

- Whether or not you are eligible for subsidized RGI housing
- If you are eligible, you will be informed of how many bedrooms your household qualifies for

4. Household Members Information

This section must be filled out in full, attach additional sheet if required.

The size of the unit you qualify for will depend on the size and special needs of your household.

Please provide information about yourself and all other adults, dependents and children who will live in the housing unit you are applying for. All household members listed must be available to move in at the time of offer (exception: where a reunification is pending and a verification letter is submitted with application).

Name (First & Last)	Date of Birth DD / MM / YY	M/F	Relationship to Applicant (Son, Niece, etc.)	For each household member, please indicate if they are:				
				Nation	First	Métis	Inuit	Status
	/ /		Primary Applicant					
	/ /							
	/ /							
	/ /							
	/ /							
	/ /							

Contact Information

Primary Applicant First Name	Contact phone *	Work phone
Social Insurance Number (SIN)	Email	

Co-Applicant First Name	Contact phone *	Work phone
Social Insurance Number (SIN)	Email	

*Calls to offer housing are usually made during office hours. Please ensure that you can be reached during the day.

Current Address

Apt #	Street Address	City	Prov	Postal Code
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Mailing Address (ONLY if different from Current Address)

PO Box #	Street Address	City	Prov	Postal Code
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Type of accommodations:

- ☐ House
 ☐ Duplex / Row Housing
 ☐ Apartment
 ☐ Room
 ☐ Cabin / Trailer
 ☐ Temporary (e.g. Hotel)
- ☐ Shelter / Crisis Response Housing **
 ☐ Unhoused / Homeless **
- ☐ Other, please specify:

**Please provide more information in Section 9 on pg. 6.

Do you have a kitchen?	☐ Yes ☐ No	Do you have a bathroom?	☐ Yes ☐ No
Number of bedrooms available to you and your family to sleep in, please circle:		0 1 2 3 4+	
How did you learn about NPTBDC Indigenous Housing program?			

5. Annual Gross Income of Household

This section must be filled out.

List all current income sources for all members aged eighteen (18) and older, and not in school full-time. You must provide the Gross monthly Income, which is income before deductions, and include verification documents.

NOTE: if your combined annual household income is over Household Income Limits (HILs) of \$68, 500 then you will not be eligible for rent-geared-to-income (RGI) housing and should be completing a Market Rent Application instead.

Please refer to Section 11 on pg. 8 for income source examples and information.

Household Member Name	Income Sources (i.e. Ontario Works, employed, pension, etc.)	Gross Monthly Income
		\$
		\$
		\$
		\$
		\$
Total Gross Monthly Income for Household:		\$

6. Assets

This section must be filled out.

List the value of any assets owned by you and each household member eighteen (18) years of age or older.

NOTE: if the total value of household assets is equal to or more than \$150,000 then you will not be eligible for RGI housing and should be completing a Market Rent Application instead.

Please refer to Section 11 on pg. 8 for asset examples and descriptions.

Type of Asset	Primary Applicant	Co-Applicant	Other Household Member(s)
Bank Accounts	\$	\$	\$
Value of Personal Vehicles	\$	\$	\$
Investments	\$	\$	\$
Real Estate	\$	\$	\$
Life Insurance Policy	\$	\$	\$
Lump-sum Payments	\$	\$	\$
Other, please describe:	\$	\$	\$
Total:	\$	\$	\$

7. Rental Experience & Residential History

Do you have an application with another social housing provider in Thunder Bay? ☐ Yes ☐ No

If "Yes", which one? _____

Have you, or any member of your household, ever lived with a social housing provider? ☐ Yes ☐ No

If "Yes", and not included below which one? _____

If "Yes", what is your reason for moving: _____

Do you or any member of application owe monies to ANY housing provider or private landlord in Ontario? ☐ Yes ☐ No

If "Yes", which one? _____ Total amount owing: \$ _____

If "Yes", do you have a payment agreement in place? ☐ Yes ☐ No

Have you or any member of your application ever been evicted "for cause" from any housing provider? ☐ Yes ☐ No

Provide information on your current address and all previous locations for the past three (3) addresses for both the Primary Applicant and Co-Applicant. Please include additional sheets if necessary.

Current Address (Street #, street name, Apt #, City, Postal Code):		Move in Date (MM/YYYY)
Landlord Name / Agency:		
Landlord Phone:	Current Monthly Rent \$	
Why do you want to move?		

Previous Address (Street #, street name, Apt #, City, Postal Code):		
Landlord Name / Agency:		
Landlord Phone:	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Why did you move?		

Previous Address (Street #, street name, Apt #, City, Postal Code):		
Landlord Name / Agency:		
Landlord Phone:	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Why did you move?		

Previous Address (Street #, street name, Apt #, City, Postal Code):		
Landlord Name / Agency:		
Landlord Phone:	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Why did you move?		

Were any of the landlords listed above family or related to you? ☐ Yes ☐ No

8. Other Housing Information & Preferences

Do you have a location / ward preference in the City of Thunder Bay? ☐ Yes ☐ No

If "Yes", please select from below:

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

Are you prepared to sign a non-smoking agreement? ☐ Yes ☐ No

Do you require a parking space? (subject to availability and additional fees where applicable) ☐ Yes ☐ No

Do you have any household pets? (subject to additional fees where applicable) ☐ Yes ☐ No

If "Yes", how many? _____ What type(s)? _____

Do you have any service, therapy or emotional support animals? ☐ Yes ☐ No

If "Yes", how many? _____ What type(s)? _____

If "Yes", proof of accreditation or an ESA letter from a licensed professional (e.g. mental health practitioner, therapist, etc.) will be required.

9. High Priority Housing Consideration

Do you or any household member of the application have a medical and / or health condition requiring an additional bedroom, accessibility needs (e.g. wheelchair ramp) or other unit modifications? ☐ Yes ☐ No

If "Yes", copy of the Attending / Family 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? ☐ Yes ☐ No

If "Yes", please submit letter of verification from Agency involved with your application.

Are you applying because you are living in or fleeing an abusive domestic relationship? ☐ Yes ☐ No

If "Yes", you must provide supporting documents from a professional or agency involved with your case.

Also, if "Yes" please provide a SAFE contact number and address if different from your current address reported on pg.2:

Safe Authorized Contact** name and relationship to you:

Authorized Contact phone:

Address:

** By providing an authorized contact, you are giving permission for the Corporation and its staff members to exchange information with that authorized contact to maintain and update your application and/or in cases of emergency.

Are you staying at an emergency shelter or a women's crisis center? ☐ Yes ☐ No

If "Yes", which one: _____

If "Yes", as of what date? _____

Are you currently in need of housing due to homelessness or at-risk of becoming unhoused? ☐ Yes ☐ No

If "Yes", you may be asked to provide supporting documents or letter from agency or professional involved with your application/situation.

Are you staying "on the street" ; includes personal vehicle, make-shift shelter, etc. ☐ Yes ☐ No

If "Yes", please briefly explain your situation: _____

If "Yes", what is your last permanent address? _____

10. Release of Information, Consent and Declaration

Release and Consent

- I understand that there are laws that allow NPTBDC Indigenous Housing (*previously "Native People of Thunder Bay Development Corporation" or "Native Housing" and known as "the Corporation"*) to collect personal information about me.
- I understand that the Corporation will use the information I give them to see if I qualify for the housing I have applied for.
- I allow the Corporation to give the information on this form and any attachments to the social services offices, other municipal service managers, housing providers, or district social services administration boards for former tenant arrears without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Day Nurseries Act.
- I allow the Corporation to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
- I allow the Corporation to give the information on this form and any attachments to any government or body with whom the Corporation has made an agreement under the Housing Services Act, 2011, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
- I understand that any information on this form and any attachment given by the Corporation to a body listed above is confidential and will only be given in accordance with the Housing Services Act, 2011 and associated regulations.

Declaration

- I give my word that everything I have written in this application is correct and complete.
- I understand that all information I give to the Corporation will be retained by them and they will give my information to other housing providers I have chosen if applicable.
- If something on this application is incorrect or not true, the Corporation or the housing providers I have applied to may request additional information, may cancel my application or both and that I may be prohibited from re-applying for assistance for a minimum period of up to two years under the Housing Services Act, 2011
- I understand that only the people I have listed on this application form may live with me in subsidized housing.
- I understand that the Corporation will use the information I give them to see if I qualify for the housing I have applied for, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
- I give my word that I am in Canada legally.
- Before I can be placed on the waiting list to receive subsidized housing, I understand that I must pay back or make arrangements to pay any money I owe to any social housing provider.
- I understand that I must report any changes to this information directly to the Tenant Placement Officer of NPTBDC Indigenous Housing program within thirty (30) days of such change when it occurs.
- I must update my application with the Tenant Placement Officer at least once per six (6) months. I understand that failure to do so will result in a change of priority and/or active status, and the cancellation of my file.

"Personal information contained in this form or in attachments is collected by NPTBDC Indigenous Housing program pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F.31) or 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 housing applied to by applicants and may be used for the appropriate calculation of rent-geared-to- income charge."

Applicant Name (PRINT)

Signature

Date

Co-Applicant Name (PRINT)

Signature

Date

Other Member Name (PRINT)

Signature

Date

11. Definition of Income and Assets

In Section 5, Gross Income means all money you receive from all sources before taxes are deducted for Tenant and every person residing in the leased premises, eighteen (18) years or older. Examples of income include but are not limited to those listed below:

Employment • All work-related income of every type, including full-time, part-time, irregular, casual, or seasonal work, odd jobs, shift bonuses, tips or gratuities, commissions, overtime pay, etc. • Seasonal or vacation pay • Yearly or seasonal bonuses • Cost of living bonuses • Self-employment includes but not limited to tutoring, childcare, driving for Uber or taxi, teaching music or cultural classes.	Pensions, Allowances and Other Income • Social Assistance benefits such as ODSP or OW • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) • Guaranteed Annual Income Systems (GAINS) • Canada Pension Plan (CPP) • Survivor's or Widow's Benefit • War Veteran's Allowances (DVA) • Alimony, spousal or child support payments • Employment Insurance Benefits (EIB) • Company, private or public pensions • Payments under the Compensation for Victims of Crime Act • Workplace Safety and Insurance Board (WSIB) • Long-term income protection plan • Ontario Student Loans Program (OSAP) • Training allowances (including Canada Manpower Retraining Allowance & AETS)
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In Section 6, Assets means valuable things that you own. There are some assets that give you or produce income and others that do not. Below are some examples of both types:

Assets which give you income • Farm property from which you make money • Real estate rent to someone (e.g. a home, business, farmland, cottage, mobile home, etc.) • A license which gives you income (e.g. taxi) • One-time lump-sum payments (e.g. inheritance, court and out-of-court settlements, etc.) • Investments ▪ Savings and chequing accounts at a bank, trust company, credit union, etc. ▪ Annuities ▪ Guaranteed Investment Certificates (GIC) ▪ Stocks or shares in a company or brand ▪ Bonds or debentures ▪ Term Deposits ▪ Mortgages, land, notes	Assets with potential income (All of these must also be declared) • Life Insurance Policy with a cash surrender value • Registered Retirement Savings Plan (RRSP) or similar investments • Real estate that does not give income but is owned by the Applicant and has potential income if it is sold (e.g. such as a home, cottage, farmland, mobile home, commercial property, vacant land, vehicles, etc.) • Collections of items, or investments in other valuable assets which do not give an income unless sold • Business which does not give income
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Definition of other common 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.

12. Required Supporting Documents

Review your application to make sure you haven't missed anything or left sections incomplete. Leaving sections blank, missing information or supporting documents causes delays and will postpone approval of your application for the waiting list.

The following provides examples of information and supporting documents required to be submitted with your application.

Income Verification: provide copy of all sources for all household members aged eighteen (18) or older, such as:

Ontario Works or ODSP Benefits	Most recent months' Statement and Address portions of the client summary; must show all members under benefits and monthly amount approved/received.
Employed full-time, part-time, seasonal, casual, etc.	Four (4) most recent and consecutive employers pay cheque stubs. If new employment and you haven't received a pay cheque, then a copy of the hiring letter indicating start date with annual salary or hourly wage is required.
Self-employed	Statement of Business or Professional Activities Form T2125
Pension (CPP, OAS, GAINS, etc.)	Three (3) most recent and consecutive monthly banking statements.
Employment Insurance Benefits (EI)	Weekly benefits statement showing the amount 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.
OSAP or Education Allowance	OSAP Assessment Summary or a letter from the funding agency showing benefit amount and payment schedule.

And any other income source as described on pg. 8 of the application.

Proof of Aboriginal Ancestry: provide copy (front & back sides) of the First Nation Status, Metis Citizenship, or Inuit cards for ALL household members of application.

NOTE: if copy of a Status Card is not available, a confirmation letter from your Band Office or Indigenous Services Canada with the registration number will be accepted.

Income Tax Return: provide copy of the Notice of Assessment or Tax Summary for the most current year completed.

NOTE: if applicable to your household, copy of the Canada Child Benefits Statement and payment schedule is required.

** If annual income taxes are not completed at time of submitting application, provide copy of all applicable T-slips.

Rent Receipt: provide copy of the most recent month's payment receipt.

NOTE: if you do not pay rent where you are currently staying, then a letter from the homeowner confirming that is required.

* If staying at a crisis center or other facility, a letter from the Residence stating when you arrived and the length of your stay is requested and must include if you are paying for accommodations.

Utilities: if you are paying for utilities (heat & hydro) at your current address, provide copy of the most recent paid statement.

Custody Verification: single Applicants must provide copy of the court order or custody legal paperwork confirming primary care and custody of all dependents and/or children listed on the application.

NOTE: if applicable to your household, provide copy of court or legal agreement sections only.

** If court proceedings have not occurred, then a letter signed and dated by the other biological parent stating arrangement agreed upon for full custody and primary residency, or a letter from an Agency involved in the care / custody of children confirming primary residency, is required.

Medical: complete and submit with your application a copy of the Attending Physician Form, but only if you are applying for housing due to medical condition and which requires special consideration for additional rooms or home modifications.

NOTE: if expecting a baby, provide a letter from your doctor, nurse practitioner or midwife confirming due date.

REMINDER: your application will not be entered into the system and added to the waitlist for housing until all supporting documentation (applicable to your household) as listed above has been submitted.

What to Expect After Applying

You will receive written confirmation from our office when your application has been processed and added to the waitlist.

Please be patient after submitting your application, due to the volume of housing applications our office receives, it may take a minimum of ten to fourteen (10 to 14) business days for a response.

As part of the application process, NPTBDC Indigenous Housing will complete an arrears check through the province-wide database for rental balances owing to any subsidized housing provider, as well as check references with past and current landlords.

Prior to selection, the Tenant Placement Officer will schedule a home visit with applicants to assess your need for housing based on current accommodation. This is part of the application interview process and does not guarantee a housing unit will be offered.

You need to contact the Tenant Placement Officer as soon as anything in your situation changes, such as your phone number, address, family size, or accessibility needs. You might qualify for a priority that could get you housing sooner. However, failure to provide these updates may result in the cancellation of your application.

Even if nothing has changed in your details, we need to hear from you at least once every two (2) months just to keep your application “Active” on the waiting list. 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 after twelve (12) months the file is closed and removed from the waiting list.

The supply of subsidized housing simply is not keeping up with the number of people in need. It can take two (2) years or more for applicants to get subsidized housing, sometimes it's less. Far more people need an affordable place to live than there are available options. Since the list of people awaiting subsidized housing in Thunder Bay is very long, we encourage applicants to make other arrangements in the meantime.

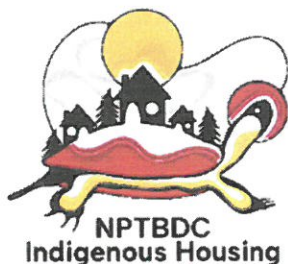
If you have any questions or would like to make an appointment for help in filling out the forms, please contact the Tenant Placement Officer by email at placement@nptbdc.org or call the office at 807-343-9401.



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" and known as "the Corporation") 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. Why / How the health problems are aggravated by their present accommodation:

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

Do you feel that your patient is / will 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 / Family 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" and known as "the Corporation"*) of the information contained herein. I wish this document to be (please select):

☐ Kept on file for possible future reference; ☐ Returned to me; ☐ Destroyed.

I, _____, (*print name*) hereby authorize the Corporation to collect personal information concerning myself including all medical information necessary to complete this form by my Attending / Family 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 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 / Family Physician to release any required medical information to the Corporation which may be required to establish eligibility for the housing program.

Patient Signature:	Date:
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