

# MARKET RENT HOUSING APPLICATION



**PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.  
Attach additional pages if required.**

## Applicant Information

List yourself and all potential household members for Market Rent Housing Unit. If required, attach a separate sheet with additional names and details. If any individuals listed do not live in the household at least 40% of the time, please include additional documentation as explanation (*e.g. Post-Secondary acceptance letter*) with application.

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

Optional: Authorized Contact* name and relationship to you:	Authorized Contact phone #
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\* 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. To remove an authorized contact, please contact the Tenant Placement Worker.

## Current Address

Apt #	Street Address	City	Prov	Postal Code
Landlord Name:		Landlord Phone or Email:		

## Mailing Address (if different from Current Address)

PO Box #	Street Address	City	Prov	Postal Code
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## Residential History and References

Please provide the residential history of the past two (2) addresses for both the Applicant and Co-Applicant. If you have only previously lived with parents in family home, then please include that information.

### Primary Applicant – DO NOT Include Current Address

Previous Address (apt/building #, street, city)		Landlord Name	Landlord Phone
From (MM/YYYY)	To (MM/YYYY)	Reason for Leaving	

Previous Address (apt/building #, street, city)		Landlord Name	Landlord Phone
From (MM/YYYY)	To (MM/YYYY)	Reason for Leaving	

### Co-Applicant (if different than Primary Applicant) – DO NOT Include Current Address

Previous Address (apt/building #, street, city)		Landlord Name	Landlord Phone
From (MM/YYYY)	To (MM/YYYY)	Reason for Leaving	

Previous Address (apt/building #, street, city)		Landlord Name	Landlord Phone
From (MM/YYYY)	To (MM/YYYY)	Reason for Leaving	

## Personal or Character References

You may include optional references that have observed your character over a reasonable amount of time. Examples of character references: employer, past employer, pastor, outreach worker, and health worker.

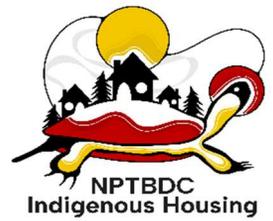
Name of Reference	Relationship to you	Contact Phone Number

## Income Information

List all current income sources for all adults (aged 18 and older, and not in school full-time). Please provide the Gross Monthly Income, which income before deductions. Proof of income source(s) may be requested at time of consideration for an available Market Rent housing unit.

Household Member Name	Income Source ( <i>employment, EI, pension, etc.</i> )	Gross Monthly Income
		\$
		\$
		\$
		\$
Total Gross Monthly Income for household:		\$

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## Occupancy Date

What date do you need to move into a Market Rent unit, if one is available? If no specific date, print "N/A" in the Move Date field.	Move Date (DD/MM/YYYY)
If a Market Rent unit is not available, do you want your application to stay on waiting list after your Move Date?  <input type="checkbox"/> <b>Yes.</b> I understand that it is my/our responsibility to contact the Tenant Placement Worker at least every 3 months or immediately if any of my/our information changes (e.g., household members, contact information, etc.).  <input type="checkbox"/> <b>No.</b> I understand that my/our application will be cancelled without notice after my indicated Move Date passes.	

## Other Housing Preferences

<b>Does any household member need to use a walker or wheelchair in the home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Please list any other considerations or modifications that the Corporation should be aware of for your application, such as stair restrictions, the need for grab bars or ramp requirements, etc.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																				
<b>Are you willing to sign a non-smoking agreement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>Are you willing to accept a Market Rent unit that does not have designated parking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>Would you be willing to pay higher rent for a Market Rent unit with a spare bedroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (By selecting "Yes", you may be considered for units where the number of bedrooms is more than the min. required by your household members under Occupancy Standards)																				
<b>Animals/Pets:</b>  I / We have a registered Guide Dog / Seeing Eye Dog <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of guide dog accreditation is required)  I / We have one or more pet(s) including therapy animal(s) <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", provide the following information for all pets in the household ( <i>do not include registered guide dogs or seeing eye dogs</i> ). Please note that the Corporation may have restrictions on animal types, breeds, quantities and/or eligible units.																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TYPE</th> <th style="width: 10%;">QTY.</th> <th style="width: 25%;">SIZE / WEIGHT (lbs.)</th> <th style="width: 50%;">NOTES</th> </tr> </thead> <tbody> <tr> <td>DOG(S)</td> <td></td> <td></td> <td>BREED(S):</td> </tr> <tr> <td>CAT(S)</td> <td></td> <td></td> <td>BREED(S):</td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td>DESCRIBE:</td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td>DESCRIBE:</td> </tr> </tbody> </table>	TYPE	QTY.	SIZE / WEIGHT (lbs.)	NOTES	DOG(S)			BREED(S):	CAT(S)			BREED(S):	OTHER			DESCRIBE:	OTHER			DESCRIBE:
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<b>Do you have a location preference in the City of Thunder Bay?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please select from the Thunder Bay wards available:  <input type="checkbox"/> Current River <input type="checkbox"/> Red River <input type="checkbox"/> McIntyre <input type="checkbox"/> Northwood <input type="checkbox"/> McKellar <input type="checkbox"/> Westfort  (By selecting "Yes", you will limit the number of Market Rent housing units for consideration)																				

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**PLEASE READ AND SIGN THIS DECLARATION**

**I/We declare:**

All the information in this Market Rent housing application is true, correct and complete to the best of my/our knowledge.

**I/We permit:**

The NPTBDC Indigenous Housing Program (the Corporation) and its members to make any inquiries that are necessary to verify the information given in this application;  
 Any person, corporation or social agency to release to the Corporation any information pertinent to the assessment of my/our application;  
 Members of the Corporation to receive and exchange with credit bureaus and my/our previous landlords' tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;  
 In accordance with section 33.2 (a) of the Freedom of Information and Protection of Privacy Act, the information on this application may be shared with members of the Corporation to assess my/our eligibility for Market Rent housing.

**I/We acknowledge and understand that:**

This application is not an agreement on the part of the Corporation or its members to provide me/us with housing;  
 This application is only for Market Rent units and is not an application for subsidized or rent-geared-to-income (RGI) housing;  
 If I/we wish to apply for a subsidized unit, I/we must meet eligibility requirements and provide additional information and documentation to the Corporation in order to convert my/our application into an application for subsidized housing;  
 If I/we already have an active application for subsidized housing with the Corporation, this form will be used to update my/our file to reflect my/our interest in Market Rent units;  
 Upon an available unit, the Corporation may gather additional information to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided the information requested to assist with this assessment;  
 It is my/our responsibility to notify the Corporation or its members of any changes to the information given in this application and to provide any supporting materials required;  
 False information given by me/us may result in my/our application being cancelled from consideration;  
 I/We authorize agencies or individuals to provide whatever such information they may have to the Corporation relative to an assessment of this application.

**This declaration must be signed by all household members aged 16 and older.**

Print Name of Applicant	Signature of Applicant	Date
Print Name of Co-Applicant	Signature of Co-Applicant	Date
Print Name of Other Member	Signature of Other Member	Date
Print Name of Other Member	Signature of Other Member	Date

Purpose of this form is to collect personal information for contact purposes and to determine eligibility for NPTBDC Indigenous Housing Market Rent Units. If you have any questions about the collection of your information, please call 807-343-9401 and ask to speak to the Director of Housing or write to the Corporation at 201 - 106 Cumberland Street North, Thunder Bay, ON, P7A 4M2.