

Rent-gear-to-income (RGI) Housing Application

Must be completed in full and returned to:

Mail/In Person:

NPTBDC Indigenous Housing

Attn: Property Manager

Unit 201 - 106 Cumberland St. N.

Thunder Bay, Ontario P7A 4M2

Email:

placement@nptbdc.org

rwilen@nptbdc.org



Important Information

Please fill out the application in full. **Leaving sections blank, missing information or documents cause delays and will postpone approval of your application for the waiting list.**

NPTBDC Indigenous Housing program was designed to house **Indigenous families and seniors** of low to modest income. ****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-gear-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.**
- You must report any changes to your information to the Property Manager within thirty (30) days.
- You must check-in with your application at minimum once every six (6) months to keep your file status “Active”.
- You are only allowed to one (1) offer of rent-gear-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.
- You must have a current income source when applying for rent-gear-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
- 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 twenty (120) days of the applicant having been housed in a suitable RGI unit and proof of sale must be provided.

High Priority Status

High Priority status may be given to your application if you are:

- **Fleeing abuse by someone whom you live with or have lived with.**
- **At risk of experiencing homelessness.**
- **At risk due to personal safety being threatened or you have a life-threatening/ terminal illness made worse by your current living situation.**

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.

For help in completing the housing application, please contact the Property Manager or Tenant Relations Worker.

Eligibility

For subsidized rent-gear-to-income (RGI) housing through NPTBDC Indigenous Housing program, you must meet 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
- 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-gear-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-gear-to-income assistance.
- Your combined gross household income and assets do not exceed Household Income Limits (HILs).
- All members of the household must be a Canadian citizen.

Household Members Information

This section must be filled out in full.

Household Contact Information

Primary Applicant First Name	Main phone number	Work phone number
Social Insurance Number (SIN)	Email	

Co-Applicant First Name	Main phone number	Work phone number
Social Insurance Number (SIN)	Email	

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

Is a baby due? Yes N If "Yes", what is the due date expected _____ / _____ / _____ (DD / MM / YY)

Annual Gross Income of Household

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.

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

Please confirm that any assets you have do not exceed \$150,000.00. Yes No

If Assets exceed \$150,000.00, application will need more details explaining the need for Rent-Geared-to-Income housing.

Rental Experience & Residential History

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

If "Yes", with who? _____

Have you, or any member of your household, lived with a social housing provider (Ex. TBDSSAB)? Yes No

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

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

If "Yes", with who? _____ Total amount owing: \$ _____

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

Has you or any member of your application ever been evicted? Yes No

Provide information on your current address and all previous locations for the past three (2) addresses for both the Primary Applicant and Co-Applicant. Attach additional sheets if necessary.

Current Address / Accommodations / Location

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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Landlord / Homeowner Name / Agency:	
Landlord Phone:	Monthly Cost of Accommodation: \$ _____

Current Accommodation Information

<input type="checkbox"/> House <input type="checkbox"/> Duplex / Row Housing <input type="checkbox"/> Apartment <input type="checkbox"/> Room <input type="checkbox"/> Cabin / Trailer <input type="checkbox"/> Shelter / Crisis Response Housing ** <input type="checkbox"/> Unhoused / Homeless** <input type="checkbox"/> Temporary (e.g. Hotel) <input type="checkbox"/> Other, please explain: _____	
Reason for wanting to leave current address? <input type="checkbox"/> Homeless <input type="checkbox"/> Overcrowded <input type="checkbox"/> Medical <input type="checkbox"/> High Rent <input type="checkbox"/> Condition of Unit <input type="checkbox"/> Social Concerns <input type="checkbox"/> Schooling / Employment <input type="checkbox"/> Transportation <input type="checkbox"/> Notice of Eviction (<i>Copy of Notice must be submitted with application</i>) <input type="checkbox"/> Other, explain: _____	
Do you have a kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of bedrooms available to you and your family to sleep in, please circle: 0 1 2 3 4+	
Do all members and dependents of the application live with you at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No**	

Previous Accommodation Information

Previous Address (Street #, street name, Apt, City, Postal Code):		
Landlord / Homeowner 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 / Homeowner 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 members or related to you? Yes No

Other Housing Information & Preferences

How long have you and your family resided within the City of Thunder Bay? _____ Months / Years (*circle*)

Do you have a location 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? Yes No

Do you have any household pets? Yes No

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

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”, a 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.

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

If “Yes”, where? _____

If “Yes”, when? ____ / ____ / ____ (DD / MM / YY)

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: _____

9. 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 in 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 Property Manager of NPTBDC Indigenous Housing program within thirty (30) days of such change when it occurs.
- I must update my application with the Property Manager 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

Required Supporting Documents

Use the following checklist for supporting documents required to be submitted with your housing application.

Income Verification: Provide a 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.

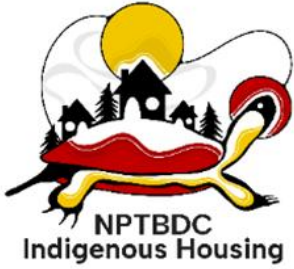
Proof of Aboriginal Ancestry: Provide copy (front & back sides) of the First Nation Status, Metis Citizenship, or Inuit cards for ALL household members of application.

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

Three (3) Months of Consecutive Bank Statements

REMINDER

**Your application will not be entered into the system and processed for the waitlist for housing until all supporting documentation (applicable to your household) as listed above has been submitted.
Leaving sections blank, missing information or supporting documents causes delays and will postpone approval of your application for the waiting list.**



NPTBDC Indigenous Housing

Charitable Organization, Business No. 10776 5075 RR0001

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-g 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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