

# HOUSING SERVICES APPLICATION

You have selected the option of manually applying for Housing Services. Please follow these steps in order to successfully apply for Housing Services.

- 1) Print the Housing Services application.
- 2) Complete the application using pen only. Completing this application will be easier if you have all of the information needed in front of you. A list of this information can be found under the Housing Services section, "How Do I Apply?" of the Social Services Access Site.
- 3) Ensure all persons who are 16 years old and over, and who will be living with you, sign and date this application.
- 4) If you are a person in an abusive relationship and are applying for Special Priority Status you are required to complete the "Special Priority Status" section of the application and attach the requested documentation.
- 5) Submit your completed application by:

**Fax:** 705-842-3747

**Mail:** Algoma District Services Administration Board  
RR #1, 1 Collver Road  
Thessalon, ON  
P0R 1L0

**OR** drop off at your nearest Algoma District Services Administration Board office.

**IMPORTANT:** If you encounter any problems while completing this application call the ADSAB office at 1-888-326-3133 Ext 231 or 705-842-3370 Ext 231 between 8:30-4:30 Monday to Friday for assistance.

**NOTE:** Personal information contained in this form or in attachments is collected and retained by ADSAB in accordance with applicable legislation. ADSAB will keep your information for a minimum of five years.

Within 10 days of ADSAB receiving your application, you will receive a confirmation letter. Please keep us up to date on any changes by accessing our Information Update Form on the Social Services Access Site.

**PLEASE KEEP THIS PAGE. DO NOT MAIL WITH YOUR APPLICATION.**  
This application form can be found under the Housing Services "How Do I apply?" section of the Social Services Access Site at [www.adsab.on.ca/ssas](http://www.adsab.on.ca/ssas)

## What is Housing Services?

Housing Services is housing in which the government (subsidizes) or helps you pay your rent. Housing Services is intended for households with low to moderate incomes, who may be unable to find suitable, affordable housing. In a subsidized unit, your portion of the rent is approximately 30% of your gross household monthly income. (i.e. if gross household monthly income is \$1200.00 per month, rent may be \$360.00 per month. ( $\$1200.00 \times 30\% = \$360.00$ ))

Housing Services is not emergency housing. In most cases throughout the Algoma District there is a wait list for subsidized housing units. You must first submit an application for Housing Services. If you are eligible for Housing Services, your name will be placed on the wait list until a vacant unit becomes available and offered to you.

There are three types of subsidized housing providers: **Non-Profit Housing** is owned and managed by community based organizations. Public Housing was formerly known as Algoma Housing and is now owned and operated by Algoma District Services Administration Board (ADSAB). **Rent Supplement Program** -ADSAB has entered into agreements with private rental landlords for units to be rented on a rent-geared-to income basis to qualified applicants. Tenants pay a rent-geared-to-income to the landlord and ADSAB subsidizes the difference up to the agreed market rent for the unit. **Strong Communities Rent Supplement Program** is a new program with greater flexibility in providing rent supplements to households in need of assistance with unique needs.

**If you are interested in applying for any of the above types of housing, complete the attached application form.**

## Who can apply for Housing Services?

You can apply if you can verify:

- You are at least 16 years old.
- You and all members of the household are legal residents of Canada or refugee claimants.
- You and all members of the household do not owe money to a Housing Services Provider.
- You and all members of the household are not currently under an order of deportation, departure or exclusion to leave Canada.
- You and all members of the household have not been convicted of an offence in relation to rent-geared-to-income assistance by a court of law or the Landlord & Tenant Board.

## When will I be notified regarding the status of my application?

ADSAB will send you written notification within 7 business days of receipt of your application. This notification will advise you that your application is under review. It will also advise you of any information missing on the application. You will be required to submit the missing information by a certain date in order for your application to be considered for further review.

The decision regarding eligibility for rent-geared-to-income assistance will be made no later than 30 calendar days from the date of receipt of your completed application.

## My situation/information has changed since my last application. What should I do?

You are required to report all changes to your application information within 10 days. Examples of changes could be, but are not limited to:

- Changes to address, phone number or message/contact number
- Changes in your household income.
- Changes in family/household size.

ADSAB will also contact you by mail or phone approximately once per year to review your application/file for continued eligibility.

**NOTE:** Your name will be removed from the Registry (wait list) if we cannot contact you or if you do not respond to our requests. Please ensure you keep your contact information up to date. You can do so by submitting the [Housing Services Information Update Form](#).

### **I am currently on the waiting list for Housing Services. How long will I have to wait?**

Your rank on the Registry (waiting list) primarily depends on the date your completed application was received. You will be offered a suitable unit as soon as one becomes available. The length of waiting time varies with each location and unit. Some locations have longer waiting lists than others which simply translates to a higher demand for that specific location and unit. Some locations have no or short waiting lists. Your patience is appreciated during the waiting period.

**NOTE:** Special consideration may be given to your application if you or members of your household are abused by a person whom you live with. Please review the [Request for Special Priority Status](#) section.

### **Can I choose where I want to live?**

Yes. You must indicate your choice of Housing Service's Project locations on the application form in order for your application to be considered complete.

You are able to choose more than one location. Your name will be added to the Registry (waiting list) for each location of which you are eligible.

If at any time, you wish to update or change your requested locations, please complete a Housing Services Project Listing-Update Form. This form must be completed and forwarded to ADSAB in order to update your file.

### **Can I choose the size of unit I want?**

You can indicate what type of unit you want to live in however, the size of unit (number of bedrooms) that you are offered will be determined by the size and composition of your household, according to the ADSAB [Local Occupancy Standards](#).

To summarize, the ADSAB Local Occupancy Standards states the largest unit a household may be eligible for is as follows:

- One bedroom for spouses and same-sex partners
- One bedroom for each additional member of the household, and
- One additional bedroom under the following specific circumstances:
  - a. a spouse requires a separate bedroom due to a disability or medical condition
  - b. a bedroom is required to store medical equipment
  - c. a bedroom is required to accommodate an individual who provides medical care to a member of the household
  - d. a member of the household is pregnant
  - e. a member has joint custody of a child who needs overnight accommodations

### **How will I be contacted when a unit becomes available? What happens next?**

All offers for Housing Services are done by mail or phone and require your immediate response. Applicants are given 5 days to respond to an offer, so it is very important that you communicate all

contact information changes with ADSAB as they occur. If you do not respond to an offer within 5 days, the offer will be treated as a decline.

You have the option to accept or refuse a unit offered to you. Once you accept the unit of your choice, you will be scheduled for a Rent-Geared-to-Income Appointment at your [ADSAB office](#). This calculation will determine the amount of rent you will be required to pay. You will also sign the lease for the unit. You will only be given a key to your residence once you have completed the RGI interview and the signing of the lease.

**NOTE:** Your **third** refusal of a rent-geared-to-income unit offer will result in your application being cancelled. Your name will also be removed from the waiting list. In the event of a future reapplication, you will be placed at the bottom of the waiting list.

### **How much rent will I pay?**

Rent-geared-to income is based on 30% of your gross monthly income.

If you are in receipt of the Ontario Works or Ontario Disability Support Program, a standard social assistance rent scale will be used.

Additional charges may also apply, depending on the project you are housed in. Further details will be explained to you at the Rent-Geared-to-Income interview.

### **I require a special unit due to a disability. How do I apply for one?**

Some housing providers have wheelchair accessible units or units which are equipped with certain features (such as no stairs). If you require a special type of unit due to medical reasons, please ensure you indicate this in the appropriate section of the application form. You will be placed on the Registry (waiting list) accordingly for the next available special unit.

### **I am currently involved in an abusive relationship with the person I live with. How will this affect my application for Housing Services?**

If you are currently experiencing abuse from a person that you live with and need to move due to this abuse, you should apply for the Special Priority along with your application for Housing Services. In order to qualify for the special priority, you must complete a [Request for Special Priority Form](#). You are also required to provide written, supporting documentation from a professional to verify your situation. This documentation must state that a member of your household has been:

- subject to abuse from another individual
- the abusing individual resides with the abused member
- the abused member intends to permanently live apart from the abuser.

If you have already separated from the abuser, you must apply for special priority status within three months from the date of separation

**NOTE:** Special Priority rent-geared-to-income household member(s) are not required to pursue specified incomes if the pursuit of the income will place the member(s)'s personal safety at risk.

**PLEASE KEEP THESE PAGES-DO NOT MAIL WITH YOUR APPLICATION**

If you require additional information regarding Housing Services, please refer to

**SOCIAL SERVICES ACCESS SITE @**

**[www.adsab.on.ca/ssas](http://www.adsab.on.ca/ssas)**

<b>APPLICANT INFORMATION ***** HOUSING SERVICES *****</b>					
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	
Surname		First Name		Middle Name	
Date of Birth D/M/Y		SIN #		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
List any other names you have been known by					
Status in Canada	<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Refugee
Are you expecting a baby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, due date		
Preferred Language?	<input type="checkbox"/> English		<input type="checkbox"/> French		
Relationship to Co-Applicant #1					
Relationship to Co-Applicant #2					
<b>CURRENT ADDRESS / CONTACT INFORMATION</b>					
Current Street Address				Apt #	
Mailing Address (RR/Box)					
Town/City/Village					
Province					
Postal Code					
Phone #			Message Phone #		
E-mail Address			Fax #		
Emergency Contact			Contact Phone #		
Landlord Name			Landlord Phone #		
<b>PREVIOUS RESIDENCE/PREVIOUS LANDLORD INFORMATION</b>					
Street Address				Apt #	
Mailing Address (RR/Box)					
Town/City/Village					
Province					
Postal Code					
Landlord Name			Landlord Phone #		
<b>CO-APPLICANT #1</b>					
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	
Surname		First Name		Middle Name	
Date of Birth D/M/Y		SIN #		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
List any other names you have been known by					
Status in Canada	<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Refugee
Are you expecting a baby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, due date		

Preferred Language?	<input type="checkbox"/> English <input type="checkbox"/> French		
Relationship to Applicant			
Relationship to Co-Applicant #2			
<b>ADDRESS / CONTACT INFORMATION</b>			
Current Street Address			Apt #
Mailing Address (RR/Box)			
Town/City/Village			
Province			
Postal Code			
Phone #		Message Phone #	
E-mail Address		Fax #	
Emergency Contact		Contact Phone #	
Landlord Name		Landlord Phone #	
<b>PREVIOUS RESIDENCE/PREVIOUS LANDLORD INFORMATION</b>			
Street Address			Apt #
Mailing Address (RR/Box)			
Town/City/Village			
Province			
Postal Code			
Landlord Name		Landlord Phone #	
<b>CO-APPLICANT #2</b>			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		
Surname		First Name	Middle Name
Date of Birth D/M/Y		SIN #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other names you have been known by			
Status in Canada	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee		
Are you expecting a baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, due date	
Preferred Language?	<input type="checkbox"/> English <input type="checkbox"/> French		
Relationship to Applicant			
Relationship to Co-Applicant #1			
<b>ADDRESS / CONTACT INFORMATION</b>			
Current Street Address			Apt #
Mailing Address (RR/Box)			
Town/City/Village			
Province			
Postal Code			

Phone #		Message Phone #	
E-mail Address		Fax #	
Emergency Contact		Contact Phone #	
Landlord Name		Landlord Phone #	

**PREVIOUS RESIDENCE/PREVIOUS LANDLORD INFORMATION**

Street Address		Apt #	
Mailing Address (RR/Box)			
Town/City/Village			
Province			
Postal Code			
Landlord Name		Landlord Phone #	

**ADDITIONAL HOUSEHOLD MEMBERS (Age 15 and under)**

Include additional household members who will reside in accommodation applied for. If household member will not be residing in the home full time, place an X in the "not full time" column.

First Name	Surname	Date of Birth D/M/Y	Gender M/F	Not full-time (X)	Sin #	Indicate Status: Canadian Citizen, or Permanent Resident or Refugee Status

**Note:** Household members with visitation or joint custody of children are required to submit a legal agreement or a notarized document signed by both custodial parents indicating how often the child(ren) will be staying overnight.

Does anyone in your household pay support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the monthly amount.	\$

<b>INCOME SOURCES</b>				
<b>TYPE</b>	<b>Applicant \$</b>	<b>Co-Applicant \$</b>	<b>Co-Applicant \$</b>	<b>Other Household Members \$</b>
Ontario Works (OW)				
Ontario Disability Support Program (ODSP)				
Old Age Security (OAS)				
Federal Guaranteed Income Supplement (GIS)				
Provincial Guaranteed Annual Income System (GAINS)				
Canada Pension Plan (CPP)/ CPP Disability				
Interest on Investments (i.e. RRIF, RRSP, bank accounts etc.)				
Workplace Safety Insurance Board (WSIB)				
Spousal or Child Support				
Private Pensions (specify)				
Self Employment income				
Employment Insurance (EI)				
Employment Income (PT or FT)				
Pension – Other Countries				
War Veteran’s Allowance (DVA)				
Ontario Student Assistance Program (OSAP)				
Band Allowance				
Other (specify)				
<b>Total Amount of Gross Monthly Income</b>				
<b>ASSETS</b>				
Do any household members own residential property that is suitable for year-round occupancy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list address of the property				
Does the household member agree to sell the above mentioned property within 180 days of being housed (moving into a rent geared to				<input type="checkbox"/> Yes <input type="checkbox"/> No

income unit)?	
Has any household member transferred any assets or property within the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	

### ACCOMMODATION TYPE / SIZE

<input type="checkbox"/> I/We wish to apply for Subsidized Rent(RGI) <input type="checkbox"/> I/We are willing to pay Market Rent <input type="checkbox"/> I/We wish to apply for Senior Citizen Housing <input type="checkbox"/> I/We require a unit with no stairs <input type="checkbox"/> I/We require a barrier free unit <input type="checkbox"/> I/We are applying for the Strong Communities Rent Supplement Program/DSS	
Number of bedrooms required:	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 5 Bedroom
If you have a disability, what support services do you require to live independently? Please specify:	
Has anyone in the household ever lived in Social Housing anywhere in Ontario? If "Yes", provide details of the date and location. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in the household owe damage/rental arrears? If "Yes" provide the details and the name of the housing provider. <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*\*\*\*\*Please check all of the Units that you are interested in \*\*\*\*\*

### ONE BEDROOM UNITS – SENIOR CITIZEN PROJECTS ONLY ~ 65 yr+

50 years and over you may be eligible based on extenuating circumstances as per provider discretion.

√	Type of Unit	Housing Project	Service Provider	Building Type
	Senior	50 Durham Street, White River	White River Non-Profit Housing	1 storey apt
	Senior	1207 Catherine St. Richards Landing	St. Joseph Twp. Non-Profit Housing	1 storey townhouse
	Senior	42 Algoma St. Thessalon	Thessalon Non-Profit Housing	1 storey apartment

	Senior	12 Hudson St. Blind River	Blind River Non-Profit Housing	2 storey apartment with elevator
--	--------	---------------------------	-----------------------------------	--

**ONE BEDROOM UNITS – CASCADING AGE ONLY ~ 50+**

√	Type of Unit	Housing Project	Service Provider	Building Type
	Adult	10 Hudson St. Blind River	ADSAB housing	2 storey apt
	Adult	16 Michigan St. Blind River	ADSAB housing	2 storey apt
	Adult	25 Hamilton St. Spanish	ADSAB housing	2 storey apt
	Adult	3129 South St. Hilton Beach	ADSAB housing	2 storey apt
	Adult	5 Robinson Dr. Bruce Mines	ADSAB housing	1 storey apt
	Adult	70 Hillside Dr. Elliot Lake	ADSAB housing	3 storey apt
	Adult	80 Hillside Dr. Elliot Lake	ADSAB housing	2 storey apt
	Adult	2 Riverview Dr. Iron Bridge	ADSAB housing	1 storey apt
	Adult	45 Algoma St. Thessalon	ADSAB housing	2 storey apt
	Adult	35 Algoma St. Wawa	ADSAB housing	2 storey apt with elevator

**ONE BEDROOM UNITS**

√	Type of Unit	Housing Project	Service Provider	Building Type
	Adult	12 Illinois Ave. Blind River	Rent Supp	3 storey apt
	Adult	169 Leacock St. Blind River	Rent Supp	3 storey apt
	Adult	171 Leacock St. Blind River	Rent Supp	3 storey apt
	Adult	60B West St. Blind River	Rent Supp	3 storey apt
	Adult	143 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Adult	145 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Adult	147 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Adult	149 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Adult	24 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Adult	(*) 4 Pine Rd. Elliot Lake	Elliot Lake Non-Profit Housing	3 storey apt
	Adult	26 Willoughby Ave. Elliot Lake	Rent Supp	3 storey apt
	Adult	36 Willoughby Ave. Elliot Lake	Rent Supp	3 storey apt
	Adult	200 Front St. Hornepayne	Rent Supp	2 storey apt
	Adult	40 Hillcrest Heights, Wawa	Michipicoten Non- Profit Housing	Townhouse

**TWO BEDROOM UNITS**

√	Type of Unit	Housing Project	Service Provider	Building Type
	Family	176 Colonization Rd. Blind River	ADSAB housing	2 storey apt
	Family	12 Illinois Ave. Blind River	Rent Supp	3 storey apt
	Family	10 & 12 Labbe Ave. Blind River	ADSAB housing	House/semi
	Family	169 Leacock St. Blind River	Rent Supp	3 storey apt
	Family	171 Leacock St. Blind River	Rent Supp	3 storey apt
	Family	6 & 8 Patricia St. Blind River	ADSAB housing	House/semi
	Family	60 A West St. Blind River	Rent Supp	3 storey apt
	Family	60 B West St. Blind River	Rent Supp	3 storey apt
	Family	143 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	145 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	147 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Family	149 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	22 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Family	24 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Family	(*) 4 Pine Rd. Elliot Lake	Elliot Lake Non-Profit Housing	3 storey apt
	Family	6 Willoughby Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	26 Willoughby Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	36 Willoughby Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	10 - 12 Walker St. Thessalon	ADSAB housing	House/semi
	Family	6 Algoma Ave. Wawa	Rent Supp	3 storey apt
	Family	40 Hillcrest Heights Wawa	Michipicoten Non-Profit Housing	Townhouse
	Family	15A & 15B Spruce St. Wawa	ADSAB housing	House/semi
	Adults/ Seniors	50 Durham St. White River	White River Non-Profit Housing	1 storey apt

**THREE BEDROOM UNITS**

√	Type of Unit	Housing Project	Service Provider	Building Type
	Family	164-174 Colonization Blind River	ADSAB housing	House/semi
	Family	23-41 Hiawatha Ave. Blind River	ADSAB housing	Bungalow/semi
	Family	12 Illinois St. Blind River	Rent Supp	3 storey apt
	Family	6 & 8 Labbe Ave. Blind River	ADSAB housing	House/semi
	Family	1-7 Laborne Ave. Blind River	ADSAB housing	House/semi
	Family	60 A West St. Blind River	Rent Supp	3 storey apt
	Family	60 B West St. Blind River	Rent Supp	3 storey apt

	Family	143 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	145 Mississauga Ave. Elliot Lake	Rent Supp	3 storey apt
	Family	147 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Family	22 Mississauga Ave. Elliot Lake	Rent Supp	4 storey apt
	Family	(*) 4 Pine Road. Elliot Lake	Elliot Lake Non-Profit Housing	3 storey apt
	Family	6-10 Garnier Road. Spanish	ADSAB housing	Detach/house
	Family	7-12 Stolar Cres. Spanish	ADSAB housing	Detach/house
	Family	14-22 Walker St. Thessalon	ADSAB housing	House/semi
	Family	40 Hillcrest Heights Wawa	Michipicoten Non-Profit Housing	Townhouse
	Family	10A-13B Spruce St. Wawa	ADSAB housing	House/semi
<b>FOUR BEDROOM UNITS</b>				
√	<b>Type of Unit</b>	<b>Housing Project</b>	<b>Service Provider</b>	<b>Building Type</b>
	Family	168 & 170 Colonization Rd. Blind River	ADSAB housing	House/semi
	Family	19-21 Indiana Ave. Blind River	ADSAB housing	House/semi
	Family	9-15 Laborne Ave. Blind River	ADSAB housing	House/semi
	Family	2-4 Garnier Rd. Spanish	ADSAB housing	Detach House
	Family	1-6 Stolar Cres. Spanish	ADSAB housing	Detach House
	Family	24-28 Walker St. Thessalon	ADSAB housing	House/semi
	Family	40 Hillcrest Heights Wawa	Michipicoten Non-Profit Housing	Townhouse
	Family	7A & 7B Superior Ave. Wawa	ADSAB housing	House/semi
<b>FIVE BEDROOM UNITS</b>				
√	<b>Type of Unit</b>	<b>Housing Project</b>	<b>Service Provider</b>	<b>Building Type</b>
	Family	160 & 162 Colonization Rd. Blind River	ADSAB housing	House/semi
	Family	15 & 17 Indiana Ave. Blind River	ADSAB housing	House/semi
	Family	8A & 8B Spruce St. Wawa	ADSAB housing	House/semi

(\*) **NOTE: We encourage you to apply for housing services directly with 4 Pine Road. Please call 705-848-0658.**

**RELEASE AND CONSENT**

**HERE IS YOUR LEGAL AGREEMENT WITH US. PLEASE READ IT CAREFULLY YOU MUST SIGN IN THE SPACES BELOW**

1. I understand that there are laws that allow Algoma District Services Administration Board to collect personal information about me.
2. I understand that the Algoma District Services Administration Board will use the information I give them to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow Algoma District Services Administration Board to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow Algoma District Services Administration Board 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*.
5. I allow Algoma District Services Administration Board to give the information on this form and any attachments to any government or body with whom Algoma District Services Administration Board has made an agreement under the *Social Housing Reform Act, 2000*, 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.
6. I understand that any information on this form and any attachment given to Algoma District Services Administration Board to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.
7. I understand that I am giving my consent and authorization to Algoma District Services Administration Board to complete a credit check and complete landlord references.
8. I authorize Algoma District Services Administration Board to make any inquiries that it deems necessary to verify the information given at the Annual Income and Household Composition. Review and at any other time when a change occurs in either the income or household composition. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to Algoma District Services Administration Board.

**Signature of all household members 18 years of age and older.**

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

**Family member, Agency or Support Person assisting with completing this document** \_\_\_\_\_

## **DECLARATION**

### **DECLARATION FOR ALL MEMBERS OF HOUSEHOLD OVER 16 YEARS OF AGE**

1. I understand all information given on this application will belong to the Algoma District Services Administration Board, and will be forwarded to the Housing Service Providers which I have identified on this application.
2. I understand that only the persons listed on this application may reside with me in a Housing Service Unit.
3. I understand that ADSAB will use the information given on this application to determine initial and ongoing eligibility for Housing Services and I agree to provide any additional information that may be required.
4. I do solemnly declare that I am a Canadian Citizen.
5. I do solemnly declare that all information I have given in this application is true and none of the information required has been knowingly withheld or omitted.
6. I understand that my application will be removed from the waiting list or my date of application changed if I refuse three offers of accommodation.
7. I understand that I must contact the Algoma District Services Administration Board with any changes to this application within 10 days of the change occurring. Failure to report changes may result in the cancellation of my application and removal from the Registry (wait list).
8. I understand that by signing this application, I am authorizing the Algoma District Services Administration Board to contact my previous Landlords.

#### **Signature of all household members 18 years of age and older.**

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

Member \_\_\_\_\_ Date \_\_\_\_\_

**Family member, Agency or Support Person assisting with completing this document** \_\_\_\_\_

Personal information contained in this form or in attachments is collected by ADSAB pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56), Municipal Freedom of Information and Protection of Privacy Act and under the legal authority of the Housing services Reform Act. This information may be used to determine eligibility for housing applied to and the continuation of housing and may be further used for appropriate rent-geared-to-income charge.

## REQUEST FOR SPECIAL PRIORITY STATUS

- I am applying for special priority status because I or someone in my household am/is currently a victim of abuse.

First Name

Last Name

You can contact me at the following **safe** address, telephone number, email or fax#

Address

Phone

Fax

E-mail

**NOTE:** (if you do not complete the above section, you will be contacted by mail at the address listed on the application form)

- I am currently living with a person who is abusing me or a member of the household.
- I have lived apart from the abuser for less than 3 months.  
Date separated \_\_\_/\_\_\_/\_\_\_ D/M/Y
- I intend to live permanently apart from the abusing individual.

**NOTE:** If you are applying for Special Priority Status, you must provide supporting documentation that must indicate one of the following:

1. A **record** of intervention by the police indicating that you were abused by the abusing individual.
2. A **record** of physical injury caused to you by the abusing individual.
3. A **record** of the application of force by the abuser to force you to engage in sexual activity against your will.
4. A **record** of words, actions or gestures by the abusing individual that threaten you or another member of the household of your or another member's property including but not limited to the following:
  - I. Threatening to physically harm you or another member of your household.
  - II. Threatening to destroy or injure you or another member of your household's property.
  - III. Intentionally killing or injuring pets.
  - IV. Threatening to remove you or another member of the household's children

- V. Forcing you or another member of the household to perform degrading acts.
- VI. Terrorizing you or another member of the household
- VII. Threatening to withdraw from the sponsorship of yourself or another member of the household.
- VIII. Threatening to take action that might lead to yourself or another member of the household from being deported.
- IX. Other words, actions or gestures that lead you or another member of the household to fear for your or their safety.

**The above records must be provided by one or more of the individuals listed below. Please indicate (√) who has provided you with documentation:**

A doctor		A social worker	
A lawyer		A social service worker	
A law enforcement officer		A victim services worker	
A member of the clergy		A settlement services worker	
A teacher		A shelter worker	
A guidance counsellor		An individual in a managerial or administrative position with a housing provider	
A community health care worker			

**NOTE: Please provide supporting documentation from one of the above individuals. If supporting document is not provided, Special Priority Status cannot be granted.**

Comments:

Signature:

Date:

## **CHECK LIST**

We want to process your application as soon as possible, but are unable to do so if information is missing. Prevent unnecessary delays by completing this checklist **before** you submit your application.

- Have **all** household members, 18 years of age and older signed the application form?
- Have you answered **all** the questions on the application?
- Have you included the gross monthly income for **all** household members?
- Have you told us about your status in Canada and provided Social Insurance Numbers?
- Have you have completed the previous landlord section and included their phone number?
- Have you included a copy of all joint custody agreements or legal documents for visitation of children not living with you full time?
- Have you included a repayment agreement or receipt showing all Housing Service arrears are paid?
- Have you included a copy of all supporting documents if you are applying for Special Priority Status?
- Have you checked off **at least** one housing project which you are interested in?

Submit your completed application by:

**Fax:** 705-842-3747

**Mail:** Algoma District Services Administration Board  
RR #1, 1 Colver Road  
Thessalon, ON  
P0R 1L0

**OR** drop off at your nearest Algoma District Services Administration Board office.

**IMPORTANT:** If you have any problems while completing this application call the ADSAB office at 1-888-326-3133 Ext 231 or 705-842-3370 Ext 231 between 8:30-4:30 Monday to Friday for assistance.

**NOTE:** Personal information contained in this form or in attachments is collected and retained by ADSAB in accordance with applicable legislation. ADSAB will keep your information for a minimum of five years.