



Housing Services Application

- 1) Use this application to apply for:
 - ✓ A subsidized social housing unit;
 - ✓ A market rent housing unit
 - ✓ The Algoma Housing Subsidy (subsidy to help pay for private market rent)

- 2) Fill out the application and attach the following documents:
 - **ID** for each household member; Birth certificate, Passport, etc.
 - **Notice of Assessment (NOA)** from Canada Revenue Agency (CRA)
 - Other applicable documents to support special circumstances.

NOTE: If you do not have the NOA or your income has changed significantly from your last NOA, we will temporarily accept documents listed in Table 2 to verify your income. Contact CRA at 1-800-959-8281 to request the NOA

- 3) We will not process your application until all documents are received. A letter will be sent to you once the application is processed.

- 4) Household members **18yrs +** must sign the **Declaration, Release and Consent to Information** on the final page of this application.

- 5) Send application and documents to the attention of **HS Waitlist**:
MAIL: Algoma District Services Administration Board (ADSAB)
2 Elizabeth Walk
Elliot Lake, ON, P5A 1Z3
IN PERSON: Any ADSAB Office
FAX: 705-842-3747

- 6) If you need assistance, call **1-705-848-7153** or **1-888-326-3133**, 8:30 am-4:45 pm Mon to Fri.

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.

Table 1

We need these documents in order to process your application

| INFORMATION NEEDED | DOCUMENTS REQUIRED TO VERIFY INFORMATION |
|--|---|
| <ul style="list-style-type: none"> • Proof of Income | <ul style="list-style-type: none"> • Notice of Assessment (NOA) <p>NOTE: If unavailable, we will accept the documents listed below (Table 2) while you make arrangements with CRA at 1-800-959-8281 to obtain the NOA</p> |
| <ul style="list-style-type: none"> • Proof of Identity or Status in Canada; Permanent Resident Status; Landed Immigrants Status | <ul style="list-style-type: none"> • Birth Certificate, Immigration Documents, Certificate of Live Birth, Passport, Ontario ID Card, Secure Certificate of Indian Status/Secure Status Card |
| <ul style="list-style-type: none"> • Student status – full-time *Only required for student household members with income | <ul style="list-style-type: none"> • OSAP assessment summary • Confirmation of registry at a post-secondary school • Confirmation of enrolment in a primary or secondary school |

Table 2If you do not have the NOA or your income has changed significantly from last year, we will temporarily accept the documents below to verify your income. Contact CRA at **1-800-959-8281** to obtain your NOA

| EMPLOYMENT | |
|--|---|
| <ul style="list-style-type: none"> • Earnings - full-time, part-time, casual, seasonal, overtime • Commissions, tips, bonuses • Illness and disability pay | <ul style="list-style-type: none"> • Letter from employer or agency with gross income • Pay stubs (for at least two months) or copy of cheque; • Letter from benefits provider verifying your disability income. |
| SELF-EMPLOYMENT | |
| <ul style="list-style-type: none"> • Business/Self Employment | <ul style="list-style-type: none"> • Less than 1 year- Affidavit of earnings, expenses • More than 1 year: Financial statements, income tax (T1 & T2125), |
| PENSIONS AND ALLOWANCES | |
| <ul style="list-style-type: none"> • Old Age Security (OAS) • Guaranteed Income Supplement (GIS) • Canada/Provincial Pension - CPP, QPP • Pensions - Widow's, Retirement, War Disability, other Country • War Veteran's Allowance (DVA) | <ul style="list-style-type: none"> • Cheque stubs or copy of cheques (OAS) • Letter from the agency issuing cheque • Statement from Service Canada (call 1-800-277-9914 to request copy) • CRA Notice of Assessment and T slips (call 1-800-959-8281 to request a copy) |
| OTHER INCOME/ PAYMENTS | |
| <ul style="list-style-type: none"> • Workplace Safety & Insurance Board (WSIB) • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony (spousal support) • Ontario Student Award Program (OSAP) | <ul style="list-style-type: none"> • Letter from WSIB verifying type of benefits and gross amount • Cheque stub or letter from government agency • EI Gross Weekly Rate – print out of EI claim • Court order/written agreement. • OSAP assessment summary |
| ASSETS | |
| <ul style="list-style-type: none"> • Interest & dividends from all investments (stocks, bonds, bank accounts, shares) • RRSP, RESP and/or RDSP • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's) • Life Insurance (with a cash surrender value) | <ul style="list-style-type: none"> • Copies of investment T-Slips • Copy of RRSP, RESP and/or RDSP Annual statement • Copy of Real Estate Appraisal (s) • Copy of Insurance Policies; annual statements • Copy of T3 or T5 tax form |

Keep this page for information. Do not submit with you application.

Housing Services Application

Please **PRINT** clearly in ink only.

| |
|---|
| <p>Are you receiving services from any of the following programs offered through Algoma District Services Administration Board (ADSAB)?</p> <p><input type="checkbox"/> Ontario Works/Temporary Care <input type="checkbox"/> Housing Services <input type="checkbox"/> Child Care Subsidy</p> <p>Are you receiving services from Ontario Disability Services Program (ODSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, to any services, please indicate the name of your worker: _____</p> |
|---|

| Please provide us with your personal information. | | |
|--|--|--|
| | APPLICANT | SPOUSE |
| First Name | | |
| Last Name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender |
| Date of Birth (M/D/YR) | ____ / ____ / ____ <small>Month Day Year</small> | ____ / ____ / ____ <small>Month Day Year</small> |
| Social Insurance Number | # | # |
| Indigenous Status | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A |
| Status in Canada | <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: |
| Able to Live Independently? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have supports in place? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have supports in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone Number: | () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Email Address: | | |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |

Please provide information for all other household members that will live with you.

Are there other adults who are not your spouse or dependents? Yes No
 Include their personal information under one of the Member Sections below.

| | MEMBER | MEMBER | MEMBER | MEMBER |
|--|--|--|--|--|
| First Name | | | | |
| Last Name | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other gender |
| Indigenous Status | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A | <input type="checkbox"/> Full Status <input type="checkbox"/> Metis <input type="checkbox"/> N/A |
| Date of Birth (M/D/YR) | ____/____/____ Month Day Year | ____/____/____ Month Day Year | ____/____/____ Month Day Year | ____/____/____ Month Day Year |
| Social Insurance Number | # | # | # | # |
| Status in Canada | <input type="checkbox"/> CA Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: | <input type="checkbox"/> CA Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: | <input type="checkbox"/> CA Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: | <input type="checkbox"/> CA Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Specify: |
| Relationship to Applicant | <input type="checkbox"/> Co-applicant <input type="checkbox"/> Child/Dependent | <input type="checkbox"/> Co-applicant <input type="checkbox"/> Child/Dependent | <input type="checkbox"/> Co-applicant <input type="checkbox"/> Child/Dependent | <input type="checkbox"/> Co-applicant <input type="checkbox"/> Child/Dependent |
| Attending School? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lives with household | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| Able to Live Independently? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a member of your household been evicted from a Social Housing unit due to an illegal act by order of the Landlord and Tenant Board? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | | |

| Communication Preferences | |
|--|--|
| What is your preferred communication language? | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ |
| What is the best way to reach you? | <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email |
| Who is your alternate contact if we are unable to reach you? | First Name: Last Name: Phone #: Email: |
| Do you give us consent to speak to your Alternate Contact about your application if we cannot reach you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Living Arrangements. Where do you live now? | |
| <input type="checkbox"/> Home Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless <input type="checkbox"/> Temporarily Staying with Friends <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other _____ | |
| Start Date (M/D/Y): | |
| Current Address: | Unit/Apt/Suite #: _____ Street Address: _____ PO Box #: _____ City/Town: _____ Province: _____ Postal Code: _____ |
| Shelter Info (If applicable) | Name of Shelter: _____ Shelter Address: _____ Shelter Phone #: _____ |
| Landlord Info (If applicable) | Landlord Name: _____ Landlord Phone: _____ |
| Do you owe money for rent/damages? | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No |
| Are you getting a rent subsidy? | <input type="checkbox"/> Yes \$ _____ / Month <input type="checkbox"/> No |
| What are your shelter costs? | <input type="checkbox"/> Rent \$ _____ /Month <input type="checkbox"/> Electricity \$ _____ /Month <input type="checkbox"/> Heat \$ _____ /Month |
| If you OWN your home, is it listed for sale? | <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Value: \$ _____ |

Previous Living Arrangement: Where did you live before?

- Home Owner Renter Homeless Temporarily Staying with Friends
 Emergency Shelter Other _____

| | | |
|--------------------------------------|---|---|
| Previous Address: | Unit/Apt/Suite #: PO Box #: Province: | Street Address: City/Town: Postal Code: |
| Start Date (M/D/Y) | | |
| Move Out Date (M/D/Y) | | |
| Reason for leaving: | | |
| Landlord Info (If applicable) | Landlord Name: Landlord Phone: | |

Why are you applying for Housing Services?

- Affordability/Financial Medical/Accessibility Health/Safety Homeless
 Other _____

If money was available to subsidize your rent, would you? (check all that apply):

- Stay at your current residence?
 Find a new residence in the private market?
 Wait for an ADSAB unit listed on this application?

Are you willing to relocate to another community in Algoma?

- Yes No

Special Requests:

If applying for a subsidized unit, the largest unit you qualify for is 1 bedroom for every person or couple unless there are specific reasons why the additional bedroom is needed.
 You must complete the Medical Priority Form in order to request special consideration for an additional bedroom

Do you require an additional bedroom?

- Yes No
If yes, is it due to:
 Pregnancy /Adoption
 Shared Access/Custody
 Assistive devices/Storage of medical equipment
 Disability requires additional bedroom
 Other reason _____

If your home were more accessible, would you still apply for housing? (i.e. grab bars, ramps, shower etc.)

- Yes No
 What modifications would your home require?

| | |
|---|--|
| Do you only want senior housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>ADSAB has a very limited number of accessible units for people with physical disabilities. Modified units vary and some may not be 100% accessible.</p> <p>If you require a special type of unit due to medical/accessibility reasons, you will also need to submit the Request for Medical Priority Form.</p> | |
| Do you, or someone in your household, require an accessible/modified unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require a wheelchair accessible unit? <input type="checkbox"/> Do you require a unit on the lower floor? Are you unable to do stairs? <input type="checkbox"/> Other accessibility/modification requirements <hr/> <hr/> |
| <p>NOTE: ADSAB housing has a smoke free policy for new tenants however, a grandfather clause is in place for tenants that moved in prior to December 2018. We cannot guarantee that a building will be 100% smoke free at time of unit offer.</p> <p>Are there smokers in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| Do you have any pets? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify # and type: |

| Financial Information | | | |
|---|-------|-------|-------|
| <p>Total Annual Household Income \$_____ (as per last year's Notice of Assessment) NOTE: If your income has changed significantly from the last tax assessment, you must provide us with alternate document(s) to verify your income (see Table 2).</p> | | | |
| <p>Please provide the type and gross <u>monthly</u> amount of all incomes received by all household members.</p> | | | |
| Income Type | Name: | Name: | Name: |
| Ontario Works | \$ | \$ | \$ |
| Ontario Disability Support Program (ODSP) | | | |
| Gross Employment Income: Full-time & Part-time | | | |
| Gross Self-Employment Income | | | |

| | | | |
|--|--|--|--|
| Employment Insurance (EI) | | | |
| Ontario Student Assistance Program (OSAP) | | | |
| Workplace Safety Insurance Board (WSIB) | | | |
| War Veteran`s Allowance (DVA) | | | |
| Canada Pension Plan (CPP) or CPP Disability | | | |
| Old Age Security (OAS) | | | |
| Federal Guaranteed Income Supplement (GIS) | | | |
| Provincial Guaranteed Annual Income System (GAINS) | | | |
| Private Pension (specify) | | | |
| Pension – Other Countries | | | |
| RRSP, RIF, LIF, monthly income | | | |
| Spousal Support Payments | | | |
| OSAP/Study Grants/Training Allowance | | | |
| Band Allowance | | | |
| Other (specify) | | | |

Indicate if you have any of the listed assets and the value of those assets.

| Asset Type | Name: | Name: | Name: |
|---|--------------|--------------|--------------|
| Chequing Account Balance | \$ | \$ | \$ |
| Savings Account Balance | | | |
| Bonds, GIC`s, Term Deposits, RRSP`s, RIF`s | | | |
| Annuities, Shares, Stocks, Mutual Funds, | | | |
| Rent Revenue | | | |
| Life Insurance Policies (Interest earned & Value) | | | |

| | | | |
|---|-------|-------|-------|
| Other (specify) | | | |
| Indicate if you have any of the listed assets and the approximate value of those assets. | | | |
| Non-Income Producing Asset Types | Name: | Name: | Name: |
| Property Owned: House Address: | \$ | \$ | \$ |
| Property Owned: Cottage or Camp Address: | | | |
| Property Owned: Vacant Property Location: | | | |
| Amount of Outstanding Mortgage | | | |
| Business Assets (Partnership, etc.) | | | |
| Monies Owed to You over \$2000.00 | | | |
| Paid-Up Life Insurance | | | |
| Other (specify) | | | |

| Priority Status | |
|--|--|
| Let us know if any of the following situations apply to you: | |
| Abuse/Trafficking <input type="checkbox"/> Yes <input type="checkbox"/> No | If you are currently a victim of Domestic Violence or the Human Trafficking trade, you may qualify for priority status. In addition to this application, complete the Request for Domestic Violence/Human Trafficking Priority Status Form to be considered for this priority status. |
| Homelessness <input type="checkbox"/> Yes <input type="checkbox"/> No | Homelessness is defined as a situation in which a person is without stable, permanent housing and the immediate means and ability of acquiring it. In addition to this application, register for the Algoma By Name List and complete the Request for Homeless Priority Status Form to be considered for this priority status. |
| Medical <input type="checkbox"/> Yes <input type="checkbox"/> No | You can no longer safely remain in your home due to physical limitations and/or your health is significantly comprised due to your current home or location. In addition to this application, complete the Request for Medical Priority Status Form to be considered for this priority status. |

****Proceed to Program/Property Selection section on next page****

Program/Property Selection

I wish to apply for the Algoma Housing Subsidy (Do not complete the Property Selection) and/or;

I wish to apply for a subsidized/market rent unit (Complete the Property Selection)

The ADSAB Housing Services Waitlist is a chronological waitlist. We maintain the waitlist in compliance with the Housing Services Act, 2011 and our local rules and standards. Your place on the ADSAB wait list depends on the date that we receive your application including all required documents.

Households only receive **one** offer of subsidized or market housing. Therefore, it is very important that you only select the sites where you would accept an offer. However, you can apply for both types of support. If you refuse an offer of the AHS, you will remain on the list for the housing selected below.

Affordability:

Subsidized = Rent is geared to your income

Market = No Subsidy, Market Rent is charged

Affordable = Rent is 75% of the average market rent for the area

*******Please ONLY select site(s) you would accept an offer for*******

| BLIND RIVER | | | | | | |
|------------------------|---------|---------|----------|---------------------|----------------|--------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 10 Hudson St. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| 12 Hudson St. Apts. | 60+ | 1 | ADSAB | Subsidized & Market | | |
| 16 Michigan St. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| 176 Youngfox Rd. Apts. | Family | 2 | ADSAB | Subsidized & Market | | |
| Youngfox Rd. Homes | Family | 3, 4, 5 | ADSAB | Subsidized & Market | | |
| Labbe Ave. Homes | Family | 2, 3 | ADSAB | Subsidized & Market | | |
| Laborne Ave. Homes | Family | 3, 4 | ADSAB | Subsidized & Market | | |
| Patricia Ave. Homes | Family | 2 | ADSAB | Subsidized & Market | | |
| Hiawatha St. Homes | Family | 3 | ADSAB | Subsidized & Market | | |
| Indiana Ave. Homes | Family | 4, 5 | ADSAB | Subsidized & Market | | |

| ELLIOT LAKE | | | | | | |
|------------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 70 Hillside Dr. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| 80 Hillside Dr. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| 19 Beckett Blvd. Apts. | Family | 1, 2 | ADSAB | Subsidized & Market | | |
| 35 Beckett Blvd. Apts. | Family | 1, 2 | ADSAB | Subsidized & Market | | |
| 4 Pine Rd. | Family | 1, 2, 3 | Private | Subsidized | | |
| 40 Beckett Blvd. | Family | 3 | ADSAB | Affordable | | |
| 20 Pearson Dr. | Family | 3 | ADSAB | Affordable | | |
| 7 Laprairie Cres. | Family | 3 | ADSAB | Affordable | | |
| 8 Laprairie Cres. | Family | 3 | ADSAB | Affordable | | |
| 9 Laprairie Cres. | Family | 3 | ADSAB | Affordable | | |
| 20 Farrell Cres. | Family | 3 | ADSAB | Affordable | | |
| 118 Esten Dr. | Family | 3 | ADSAB | Affordable | | |
| 102 Taylor Blvd. | Family | 3 | ADSAB | Affordable | | |
| 43 Taylor Blvd. | Family | 3 | ADSAB | Affordable | | |
| 46 Capillo Rd. | Family | 3 | ADSAB | Affordable | | |

| SPANISH | | | | | | |
|-----------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 25 Hamilton Ave Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |

| IRON BRIDGE | | | | | | |
|----------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 2 Riverview Dr Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |

| THESSALON | | | | | | |
|---------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 42 Algoma Ave Apts. | 65+ | 1 | ADSAB | Subsidized & Market | | |
| 45 Algoma Ave Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| Walker St. Homes | Family | 2, 3, 4 | ADSAB | Subsidized & Market | | |
| 135 Dawson Street | 50+ | 1, 2 | ADSAB | Affordable | | |

| BRUCE MINES | | | | | | |
|---------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 5 Robinson Dr Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |

| ECHO BAY | | | | | | |
|----------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 141A Church St Apts. | 50+ | 1, 2 | ADSAB | Affordable | | |
| 141B Church St Apts. | 50+ | 1, 2 | ADSAB | Affordable | | |

| HILTON BEACH | | | | | | |
|----------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 3129 South St. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |

| RICHARDS LANDING | | | | | | |
|--------------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 1207A Catherine St Apts. | 65+ | 1, 2 | Non-Profit | Subsidized & Market | | |
| 1207B Catherine St Apts. | 50+ | 1, 2 | ADSAB | Affordable & Market | | |

| WAWA | | | | | | |
|-------------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 35 Algoma St. Apts. | 50+ | 1 | ADSAB | Subsidized & Market | | |
| 37 Algoma St. Apts. | 60+ | 1, 2 | ADSAB | Affordable & Market | | |
| 40 Hillcrest Hts. Homes | Family | 1, 2, 3, 4 | ADSAB | Subsidized & Market | | |
| Spruce St. Homes | Family | 2, 3, 5 | ADSAB | Subsidized & Market | | |
| Superior Ave. Homes | Family | 4 | ADSAB | Subsidized & Market | | |

| DUBREUILVILLE | | | | | | |
|------------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 5 rue Ste-Cecile Apts. | 50+ | 1, 2 | ADSAB | Affordable | | |

| WHITE RIVER | | | | | | |
|--------------------|----------------|-------------|-----------------|----------------------|-----------------------|---------------------------|
| PROJECT | AGE REQ | Bdrm | Provider | Affordability | Select Project | Indicate Bdrm Size |
| 50 Durham St Apts. | 60+ | 1, 2 | Non Profit | Subsidized & Market | | |

Declaration, Release & Consent to Information

You are required to sign this form as a part of your Housing application with ADSAB. By signing this form, you are providing ADSAB with the following:

- (1)** Acknowledgement that ADSAB is collecting your information for the purposes of determining your eligibility to be active on the ADSAB Housing wait list for market rent, affordable or rent-geared-to-income (RGI) housing or other applicable shelter subsidies;
- (2)** Consent for ADSAB to share your information with other government agencies to determine/verify your eligibility; and
- (3)** Solemn declaration to ADSAB that all information you provide in your application is true, that you are in Canada legally, and that you understand your responsibilities regarding your housing application and/or applicable subsidy eligibility.

Please read this form carefully and sign in the space(s) provided below. All people 18 years of age and older who are going to live with you must sign this form.

Notice of Collection of Information

- I understand there are laws that allow ADSAB Housing Services to collect personal information about me.
- I acknowledge ADSAB is authorized to collect personal information on this application in accordance with section 13 of the Housing Services Act, 2011 and that the information will be used to determine eligibility for market rent, affordable and/or subsidized housing such as rent-geared-to income (RGI) and/or other applicable shelter subsidies.
- I understand that ADSAB Housing Services will use the information I give them:
 - ✓ to see if I qualify for the type of housing I have applied for;
 - ✓ to see if I continue to qualify for a subsidy such as rent-geared-to income (RGI);
 - ✓ to see if I qualify for housing with a Special Priority Program status;
 - ✓ for statistical reporting and policy research;
 - ✓ for referrals to appropriate programs or agencies.

Consent to Share Your Information

- I allow ADSAB to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Housing Services Act, 2011 and each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my 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, 1990.
- I allow ADSAB to give my personal information to government agencies that enforce the Income Tax Act and/or the Immigration and Refugee Protection Act.

- I understand that I am giving my consent and authorization for the ADSAB to obtain any credit information about me from any credit agency or any other source.
- I understand that the information I provide to ADSAB may be given to the housing providers I apply to under this application, as well as appropriate internal agencies.

Declaration

I solemnly declare the following:

- Everything I have written in this application is true, correct and complete.
- I understand that if information on this application is missing, incorrect or false, ADSAB may request additional information or may cancel my housing application.
- I understand that only the people I have listed on this application may live with me in subsidized housing.
- I am in Canada legally.
- I understand I must arrange to pay all money owed to any social housing provider and to provide verification to ADSAB before my application is placed on the waitlist.
- I understand that I must immediately report any changes to information on this application directly to ADSAB including changes to my phone number, address, and email address.

Applicant Signature

Date

Spouse Signature

Date

Member +18yrs Signature

Date

Member +18yrs Signature

Date

Member +18yrs Signature

Date