

INITIAL OCCUPANCY HOUSING APPLICATION 44 THIRD AVENUE, WAWA, ONTARIO, P0S 1K0

ELIGIBLE APPLICANTS WILL BE ENTERED INTO ALGOMA DISTRICT SERVICES ADMINISTRATION BOARD'S INITIAL OCCUPANCY DRAW

44 Third Avenue is available for rent effective **JUNE 1st, 2026**.

INITIAL OCCUPANCY HOUSING APPLICATION INSTRUCTIONS:

- 1) Complete, sign and submit the attached application along with any required documentation by **Thursday April 30th, 2026**.

Please note that applications missing required information and/or are received after the deadline of Thursday April 30th, 2026, regardless of when they were sent by mail, fax, or email, will not be entered into the Initial Occupancy Draw.

- 2) ADSAB will review your application and determine eligibility for the different unit types selected in your application.
- 3) You will receive a letter by mail confirming you've been entered into the Initial Occupancy Draw which will also include unique identification number(s) for each eligible unit selected in your application.
- 4) The unique identification number(s) in your letter will be entered in the Initial Occupancy Draw.
- 5) ADSAB will hold the Initial Occupancy Draw on May 6th, 2026. The draw will determine the initial tenants for the six (6) available units. The draw will then continue to determine the waitlist for future residency.
- 6) All applicants included in the Draw will receive one of the following:
 - Offer Letter: Sent to the tenants drawn for the six (6) available units in the Initial Occupancy Draw. These tenants will be required to accept/decline their offer in writing within 5 business days.
 - Waitlist Letter: Sent to all other applicants drawn for the Waitlist. The letter will advise you of your waitlist rank and date.
- 7) Interested persons should submit their application to the attention of the "Housing Services Waitlist" by one of three methods detailed below:
 - Mail or Drop Off: Algoma District Services Administration Board
50 Broadway Avenue,
Wawa, ON P0S 1K0
 - Email: chantal.belanger@adsab.on.ca
 - Fax: 705-842-3747

44 THIRD AVENUE, WAWA, ONTARIO, POS 1K0

PROJECT INFORMATION

Affordable 1 Bedroom Units

\$810/month

(Rent is 20% lower than average market rent)

Eligibility Criteria:

Senior (55+)

Maximum Annual Income Limit

\$95,100/ year

Number of Available Units:

Four (4)

Affordable 2 Bedroom Unit

\$908/month

(Rent is 20% lower than average market rent)

Eligibility Criteria:

Senior (55+)

Maximum Annual Income Limit

\$95,100/ year

Number of Available Units:

Two (2)

Utilities:

Heating Costs – Included (electric baseboard heaters)

Electricity Costs – Included

Phone/Cable/Internet – Not Included

Amenities:

Secure front entrance, intercom system, storage closet,
common laundry room, tenant parking, fridge & stove.

**Unit Size:
One (1) Bedroom**

Room	Sq. Ft. (f ²)
Living/Dinning	162
Kitchen	154
Washroom	88
Bedroom #1	118
Storage Closets	28
Extra Storage Closet	35
Total	585

**Unit Size:
Two (2) Bedroom**

Room	Sq. Ft. (f ²)
Living/Dinning	154
Kitchen	148
Washroom	84
Bedroom #1	136
Bedroom #2	100
Storage Closets	28
Extra Storage Closet	35
Total	685

****PRINT** clearly in ink only.

****All fields are MANDATORY** unless otherwise specified as *(if applicable)*

INITIAL OCCUPANCY HOUSING APPLICATION 44 Third Avenue, Wawa, Ontario, POS 1K0			
DETAILS	APPLICANT	SPOUSE	
First Name:			
Last Name:			
Date of Birth:	_____ / _____ / _____ Month Day Year	_____ / _____ / _____ Month Day Year	
Social Insurance:	#	#	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
Phone Number:	()	()	
Cell Number: <i>(if applicable)</i>	()	()	
Email Address: <i>(If applicable)</i>			
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):	
Indigenous Status:	<input type="checkbox"/> Full Status <input type="checkbox"/> Metis	<input type="checkbox"/> Full Status <input type="checkbox"/> Metis	
What are your communication preferences?			
What is the best way to reach you?	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
What is your preferred spoken language? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	What is your preferred written language? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____		
Who is your alternate contact if we are unable to reach you?			
First Name	Last Name	Phone	Email
		()	
Do you provide consent to speak to your Alternate Contact about your application if we cannot reach you?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

DETAILS	MEMBER #1	MEMBER #2	MEMBER #3
First Name:			
Last Name:			
Date of Birth:	_____/_____/_____ Month Day Year	_____/_____/_____ Month Day Year	_____/_____/_____ Month Day Year
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance:	#	#	#
Indigenous Status	<input type="checkbox"/> Full Status <input type="checkbox"/> Metis	<input type="checkbox"/> Full Status <input type="checkbox"/> Metis	<input type="checkbox"/> Full Status <input type="checkbox"/> Metis
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):	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify):
Relationship to Applicant:	Specify: _____	Specify: _____	Specify: _____
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

Where do you currently reside?

Unit/Apartment/Suite #:	Street Address:
PO Box #:	City/Town:
Province:	Postal Code:

Please tell us more about your current accommodations

Do you OWN your current residence <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the Estimated Value: \$
	If Yes, is your home for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, why are you moving? _____

Do you own a vehicle and require onsite parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Handicapped Parking Permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are there pets in your home? Yes No If yes, details of pets: _____

Accessibility Needs

Please answer the following:

- I depend on a wheelchair for mobility
- I depend on a walker or other walking device for mobility.
- I have other accessibility requirements you should know about.

Details: _____

If you checked any of the above boxes, please note there are neither barrier free units nor elevators in this complex.

You must be able to live independently to live in this complex. ADSAB does not offer supportive living services.

Are you able to live independently? Yes No

If not, do you have your own personal support in place? Yes No

Support Details: _____

Please provide the income type and monthly amount for your household

Income Type	Annual Amount	Who receives it?
	\$	
	\$	
	\$	
	\$	

Select the Unit Type(s) you wish to apply for:

- Affordable One (1) Bedroom Unit (Maximum Annual Income Limit to qualify - \$95,100)
- Affordable Two (2) Bedroom Unit (Maximum Annual Income Limit to qualify - \$95,100)

Select Move-In Date

- June 1st, 2026
- Other _____ Reason: _____

To accommodate applicants who may be required to provide notice to a current landlord, requests for delayed occupancy may be considered. However, applicants who are unwilling to take occupancy within an acceptable timeframe (i.e. 30 days) may have their offer withdrawn and the unit offered to the next eligible applicant.

Are you a current tenant of ADSAB or an existing applicant on ADSAB’s waitlist?

- Yes, please specify tenant or existing applicant _____
- No

If you selected ‘Yes’, you are exempt from providing proof of income.

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 affordable housing;
- (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 acknowledge that 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 affordable housing.

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*;

[CONTINUES ON NEXT PAGE]

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 that 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, email address.

Signature

Date

Signature

Date

Signature

Date

✓ WAIT!...BEFORE YOU SUBMIT YOUR APPLICATION ✓

Have you answered all of the questions? Are all fields complete, in pen and legible?

Have all household members signed and dated the application?

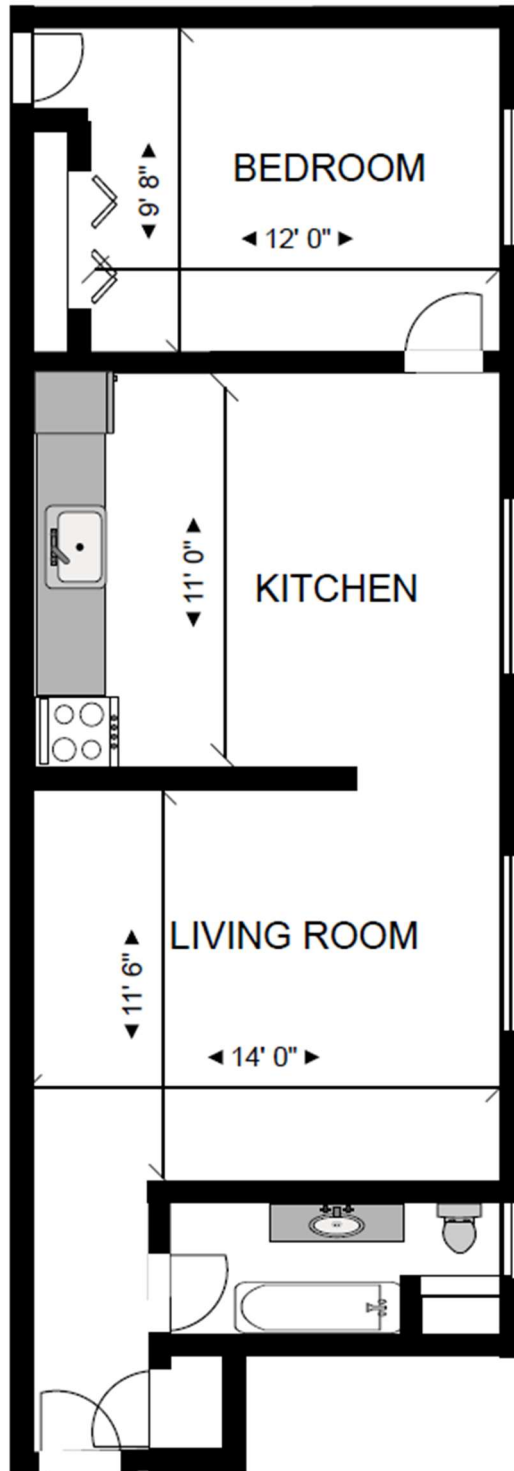
Have you included copies of the following documents?

- ✓ Proof of Identity and/or Status in Canada
- ✓ Proof of Income (i.e.)
 - Government Pensions & Allowances: Statement from Service Canada (**If you don't have this, call 1-800-277-9914 to request copy**) and/or
 - CRA Notice of Assessment (**If you don't have this, call 1-800-959-8281 to request a copy**).
 - If you are a current tenant of ADSAB or an existing applicant on ADSAB's waitlist, you are exempt from providing proof of income.

Is there sufficient time for your application to reach us before end of day April 30th, 2026?

Have you provided the correct mail & contact information for us to reach you?

1 Bedroom Layout



2 Bedroom Layout

