



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) for each member of the household with income;
 - 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: 135 Dawson St. Thessalon, 15 Hanes Ave. Blind River
2 Elizabeth Walk, Elliot Lake, 50 Broadway Ave. Wawa.
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.

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

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 2	
If you do not have the NOA or your income has changed significantly from last year, we will <u>temporarily</u> 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"> • Social Assistance: Ontario Works (OW) • Ontario Disability Support Program (ODSP) • Workplace Safety & Insurance Board (WSIB) • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony (spousal support) • Ontario Student Award Program (OSAP) • Robinson Huron Treaty Settlement Monies (RHT) 	<ul style="list-style-type: none"> • ODSP monthly statement • 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 • RHT letter from Band or bank statement
INCOME PRODUCING AND NON INCOME PRODUCING ASSETS (Submit all asset documentation for assets declared)	
<ul style="list-style-type: none"> • Bank accounts, Chequing and savings • Interest Accounts include RRSP, RDSP, RRIF and RESP; withdrawals are included in RGI calculation, not included in Asset Limit. • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's) • Life Insurance (with a cash surrender value) • Recreational vehicles (e.g., campers, trailers, all-terrain vehicles, off road motorbikes, boats, etc.) • Other: 	<ul style="list-style-type: none"> • Passbook/monthly statement, (3 months) T5-Slips, bank letter • Copy of Real Estate Appraisal (s) • Copy of Insurance Policies; annual statements • Copy of T3 or T5 tax form • MPAC Current Value Assessment, Property tax bill • Confirmation of appraised value or mortgage • Mortgage statement • Vehicle ownership papers and verification of any debts owing.

Keep this page for information. Do not submit with your 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.

Do you require an additional bedroom?

- Yes No
If yes, is it due to:
 Pregnancy /Adoption –**Submit Medical Priority Form**
 Shared Access/Custody
 Assistive devices/Storage of medical equipment -
Submit Medical Priority Form
 Disability requires additional bedroom - **Submit Medical Priority Form**
 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?

- Yes No

ADSAB has a very limited number of accessible units for people with physical disabilities. Modified units vary and some may not be 100% accessible.

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.

Do you, or someone in your household, require an accessible/modified unit?	<input type="checkbox"/> Yes - Submit Request for Medical Priority Form <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/>
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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.

Are there smokers in your home? Yes No

Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify # and type:
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Financial Information

Total Annual Household Income \$_____ (as per last year's Notice of Assessment)
Include Notice of Assessment (NOA) for all household members with income

Gross Monthly Income Amount received by all household members.

Note: Only provide verification of your income if your income has changed significantly from the last tax assessment (NOA), (see Table 2)

Income Type	Name:	Name:	Name:
Ontario Works	\$	\$	\$
Ontario Disability Support Program (ODSP)			
Gross Employment Income: Full-time & Part-time Please note name of employer			
Gross Self-Employment Income Please note name of business			
Employment Insurance (EI)			

Ontario Student Assistance Program (OSAP) Study Grants/Training Allowance			
Workplace Safety Insurance Board (WSIB) Please note type of benefit			
War Veteran`s Allowance (DVA)			
Canada Pension Plan (CPP) or CPP Disability Please note if retirement pension, survivors` pension, disability pension and/or children`s benefit.			
Old Age Security (OAS)			
Federal Guaranteed Income Supplement (GIS)			
Provincial Guaranteed Annual Income System (GAINS)			
Private Pension (through former employer) Please note name of pension plan			
Foreign pension, including U.S. Social Security Please note country that pension comes from			
Spousal Support Payments			
Band Allowance/Robinson Huron Treaty Settlement Monies			
Other Income Please list all other income and note source			

Income Producing Asset received by all household members. Indicate type and amount.

Provide verification of Income Producing Assets.

Asset Type	Name:	Name:	Name:
Bank Accounts, chequing/savings	\$	\$	\$
Annuities, Shares, Stocks, Mutual Funds/Debentures Please note financial institution			
Guaranteed Income Certificate GIC`s, Term Deposits, Bonds, RRSP, RDSP, RRIF and RESP Please note financial institution			
Real Estate (e.g. house, land, cottage) Rental income			
Life Insurance Policies (Interest earned & Value)			
Other Income <ul style="list-style-type: none"> Please list all other income and note source 			

Non-Income Producing Assets list type of assets and the approximate value of assets for all household members. (Asset Limit) Provide verification of non-income producing assets.			
Non-Income Producing Asset Types	Name:	Name:	Name:
Cash or non –interest bearing accounts	\$	\$	\$
Property Owned: House Address:			
Property Owned: Cottage or Camp Address:			
Property Owned: Vacant Property Location:			
Amount of Mortgage Outstanding			
Business Assets (Partnership, etc.)			
Monies Owed to You over \$2000			
Paid-Up Life Insurance			
Recreational Vehicles (e.g. boat, snowmobile, all-terrain vehicle, camper)			
Other Assets (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 by completing Algoma District By Name Questionnaire 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 Ave. 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 St. Homes	Family	2	ADSAB	Subsidized & Market		
Hiawatha St. Homes	Family	3	ADSAB	Subsidized & Market		
Indiana Ave. Homes	Family	4, 5	ADSAB	Subsidized & Market		
84 Indiana Ave. Apts.	60+	1, 2	ADSAB	Affordable & 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	ADSAB	Subsidized & Market		
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 St. Apts.	50+	1	ADSAB	Subsidized & Market		
Stolar/Garnier Homes	Family	3, 4	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 St. Apts.	65+	1	ADSAB	Subsidized & Market		
45 Algoma St. 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		

DESBARATS						
Note: Additional information is required to determine eligibility for this location. If you select this location, Housing Service Waitlist Staff will contact you.						
PROJECT	AGE REQ	Bdrm	Provider	Affordability	Select Project	Indicate Bdrm Size
PossAbility Community Home - 9 Amory Apts.	Persons with disability 18+ Senior 60+	2	ADSAB	Affordable		

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		
44 Third Ave. Apts.	55+	1, 2	ADSAB	Affordable & 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		

****Proceed to Declaration, Release and Consent to Information section on next page****

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