Algoma District Services Administration Board
Conseil d'administration des services du district d'Algoma

HOUSING AND HOUSING ASSISTANCE APPLICATION

Before You Begin

This application can be used to apply for housing units owned or administered by Algoma District Services Administration Board (ADSAB), as well as housing assistance programs that help eligible households with their housing costs.

Before completing this application, please review the table on the following page (S-1). You are to first select the options that apply to your household and complete the respective sections.

Standard Housing Unit

Select this option if you wish to apply for a housing unit and do not require any disability-related accommodations or accessibility features beyond those typically found in a standard residential unit. Then complete Section A and Section F of the application.

Accessibility Features or Disability-Related Accommodations Housing Unit

Select this option if you or a member of your household has a disability, injury, chronic health condition, or mobility limitation that affects your housing needs and require an accommodated unit. Then complete Section A, Section B, and Section F.

Portable Housing Benefit

Select this option if you are seeking financial assistance to pay for housing costs in a rental unit within the Algoma District. Then complete Section A and Section C.

A portable housing benefit does not provide a housing unit. Instead, it may provide financial assistance to help make housing more affordable for eligible households.

Priority Categories:

Some households may qualify for priority considerations based on specific circumstances.

Homelessness Priority

Select this option if you believe your household may qualify for priority consideration due to homelessness. Then complete Section D in addition to the other sections to determine eligibility.

Domestic Violence Priority & Human Trafficking

Select this option if you believe your household may qualify for priority consideration due to domestic violence and/or human trafficking. Then complete Section E in addition to the other sections to determine eligibility.

Important

Check all boxes that apply to your household.

If you select a priority category, you must complete the corresponding priority section in addition to the section(s) required for your housing or portable housing benefit application.

Applications that are missing required sections may be delayed.

Submitting Application

Submit your selection form (Page S-1), along with all applicable sections to your application by one of the three following methods:

Mail: Algoma District Services Administration Board
Attn: HS Waitlist
2 Elizabeth Walk
Elliot Lake, ON P5A 1Z3

In Person at any ADSAB Office:
Thessalon – 135 Dawson Street
Blind River – 15 Hanes Avenue
Elliot Lake – 2 Elizabeth Walk
Wawa – 50 Broadway Ave

Fax: (705) 842-3747

1. Select the type of unit(s) and/or housing assistance you wish to apply for:

- ☐ I am applying for a **standard housing unit** → Complete **SECTION A & SECTION F**
- ☐ I am applying for a housing unit with **accessibility features** or **disability-related accommodations** → Complete **SECTION A, SECTION B & SECTION F**
- ☐ I am applying for a **portable housing benefit** → Complete **SECTION A & SECTION C**

2. Select the priorities you are eligible for *(if applicable)*:

- ☐ I believe I'm eligible for **homelessness priority** → Complete **SECTION D**
- ☐ I believe I'm eligible for **domestic violence & human trafficking priority** → Complete **SECTION E**

3. Submitting Application

Mail:
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Fax:
(705) 842-3747

SECTION A
HOUSEHOLD INFORMATION

This section must be completed by all applicants applying for:

- A standard housing unit;
- A housing unit with accessibility features or disability-related accommodations;
- A portable housing benefit.

Please provide information for yourself and every person in your household who will be included in your application.

If a question does not apply to a household member, leave it blank unless otherwise instructed.

Please provide details of the primary applicant and co-applicant:

DETAILS	APPLICANT	CO-APPLICANT(if applicable)
First Name:		
Last Name:		
Date of Birth: *(Identification Required)*	Month / Day / Year	Month / Day / Year
Gender:	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Primary Phone Number (mobile/landline):		
Email Address: *(If applicable)*		
Relationship to Primary-Applicant		☐ Spouse ☐ Child ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Sibling ☐ Relative ☐ Friend
Status in Canada:	☐ Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Sponsored Immigrant ☐ Other	☐ Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Sponsored Immigrant ☐ Other
Indigenous Status:	☐ Status ☐ Inuit ☐ Non-Status ☐ Métis	☐ Status ☐ Inuit ☐ Non-Status ☐ Métis
Attending School:	☐ Full-Time ☐ Part-Time ☐ N/A	☐ Full-Time ☐ Part-Time ☐ N/A
Dependent		☐ Yes ☐ No

Please provide details of other person(s) to reside in the unit:			
DETAILS	**MEMBER #1**	**MEMBER #2**	**MEMBER #3**
First Name:			
Last Name:			
Date of Birth: *(Identification Required)*	Month / Day / Year	Month / Day / Year	Month / Day / Year
Gender:	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Relationship to Primary-Applicant:	☐ Spouse ☐ Child ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Sibling ☐ Relative ☐ Friend	☐ Spouse ☐ Child ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Sibling ☐ Relative ☐ Friend	☐ Spouse ☐ Child ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Sibling ☐ Relative ☐ Friend
Status in Canada:	☐ Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Sponsored Immigrant ☐ Other	☐ Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Sponsored Immigrant ☐ Other	☐ Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Sponsored Immigrant ☐ Other
Indigenous Status	☐ Status ☐ Inuit ☐ Non-Status ☐ Métis	☐ Status ☐ Inuit ☐ Non-Status ☐ Métis	☐ Status ☐ Inuit ☐ Non-Status ☐ Métis
Attending School:	☐ Full-Time ☐ Part-Time ☐ N/A	☐ Full-Time ☐ Part-Time ☐ N/A	☐ Full-Time ☐ Part-Time ☐ N/A
Lives Fulltime:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dependent:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

What is your mailing/safe address:	
Unit/Apartment/Suite #:	Street Address:
PO BOX Number:	City/Town:
Province:	Postal Code:

Preferred language and communication method:			
What is your preferred language?	☐ English	☐ French	☐ Other:
What is the best way to reach you?	☐ Mail	☐ Phone	☐ Email

Arrears owed to social housing providers:	
Does a member of the household owe arrears for rent or damages because of a tenancy with a Social Housing Provider within the Province of Ontario?	☐ Yes ☐ No

If you answered "Yes", please attach confirmation that the household member has entered into an agreement for repayment.

Please enter the monthly income for each household member aged 16 or older (enter the amount received each month before deductions):

Income Type	Applicant	Co-Applicant	Member#1	Member#2	Member#3
Ontario Works (OW)					
Ontario Disability Support Program (ODSP)					
Gross Employment Income					
Gross Self-Employed Income					
Employment Insurance					
Ontario Student Assistance Program					
Workplace Insurance Board (WSIB)					
War Veteran's Allowance (WVA)					
Canada Pension Plan (CPP) or CPP Disability					
Old Age Security (OAS)					
Federal Guaranteed Income Supplement					
Provincial Guaranteed Annual Income System					
Private Pension					
Foreign Pension					
Spousal Support Payments					
Other:					

Please provide information about assets owned by any household member:					
Asset(s)	**Applicant**	**Co-Applicant**	**Member#1**	**Member#2**	**Member#3**
Bank Accounts (Chequing, Savings)					
Investments (Shares, Stocks, GIC)					
Residential Property* (Home, Camp, Land)					
Business Assets					
Monies Owed to You Over $2,000					
Vehicle					
Recreational Vehicle					
Other: _____					
Other: _____					
Other: _____					

Residential property ownership acknowledgement

☐ I understand that ownership of a residential property does not necessarily affect eligibility for all housing programs

☐ I understand that applicants who are offered and accept certain housing assistance programs, including Rent-Geared-to-Income (RGI) housing, may be required to sell or otherwise dispose of their interest in residential property within the time period prescribed by applicable legislation, regulations, or program requirements.

☐ I understand that additional information or documentation regarding property ownership may be requested to determine eligibility.

Alternate Contact (Optional)

You may identify a person that the ADSAB may contact if we are unable to reach you or if you would like someone to assist you with your application.

Full Name:		Relationship:	
Phone Number:		Email Address:	

☐ I authorize the ADSAB to discuss my housing application, eligibility, waitlist status, housing offers, and related housing assistance matters with the person identified above.

Rental history check and acknowledgement

As part of the application review process, Algoma District Services Administration Board may require information regarding your current and previous rental history.

Information obtained through a rental history or landlord reference check will be considered along with other relevant information and will not be used as the sole basis for determining eligibility.

☐ I understand that I may be asked to provide information regarding my current and previous rental history as part of the application process, and that my consent will be obtained before any reference check is conducted.

Credit check and acknowledgement

As part of the application review process, Algoma District Services Administration Board may require a credit check to assist in assessing an applicant's ability to meet rental obligations.

A credit check may be requested, depending on the information provided in the application.

Where a credit check is required, applicants will be contacted and **consent will be obtained prior to any credit check being conducted**.

A credit check is **only one factor considered** and will not be used as the sole basis for any decision.

☐ I understand that a credit check may be requested as part of the application process, and that my consent will be obtained before any credit check is conducted.

Declaration, Release & Consent to Information

THE APPLICANT, CO-APPLICANT, AND ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER MUST SIGN THIS APPLICATION

INDIVIDUALS WHO ARE 16 OR 17 YEARS OF AGE AND HAVE WITHDRAWN FROM PARENTAL CONTROL MAY APPLY FOR HOUSING IN THEIR OWN RIGHT AND MUST SIGN THIS APPLICATION AS THE APPLICANT OR CO-APPLICANT, AS APPLICABLE.

ADDITIONAL SIGNATURE PAGES MAY BE ATTACHED IF REQUIRED.

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.

Notice of Collection of Information

- I acknowledge that ADSAB is authorized to collect personal information on this application in accordance with 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;

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	Signature	Date
Signature	Date	Signature	Date

REQUIRED DOCUMENTS

To process your application, you must provide the below supporting documentation for all applicable household members.

Applications may be delayed if required documents are missing.

Information Needed	Documents Required
Proof of Income	▪ Notice of Assessment (NOA), or ▪ If you or a household member's most recent NOA is unavailable, ADSAB will temporarily accept other supporting documents for all sources of income.
Proof of Assets	▪ Monthly bank statement for all accounts (3 months) ▪ Verification of RRSP, RDSP, RRIF, TFSA and RESP ▪ MPAC Assessment (if applicable)
Proof of Identity & Status in Canada	▪ Birth Certificate, or ▪ Immigration Documents, or ▪ Certificate of Live Birth, or ▪ Passport, or ▪ Ontario ID Card, or ▪ Secure Certificate of Indian Status, or ▪ Secure Status Card.
Student Status – Full-Time	▪ OSAP Assessment Summary ▪ Confirmation of registry at post-secondary school ▪ Confirmation of enrolment in primary or secondary school

SECTION B
ACCESSIBILITY AND ACCOMMODATION NEEDS

Complete this section if you or a member of your household requires accessibility features or disability-related accommodations to safely access, occupy, or maintain housing.

You do not need to know whether you require a barrier-free unit to complete this section. The information provided will help the ADSAB understand your housing needs and determine what housing options or accommodations may be appropriate.

Accessibility and accommodation needs:

Does a household member require accessibility features or disability-related accommodations to safely access or occupy housing?

☐ Yes ☐ No

If yes, please describe any accessibility needs (optional but recommended):

Required housing features:

Please indicate any accessibility features required to safely occupy a housing unit.

Unit Access:

- ☐ Step-free entry
- ☐ Ramp access
- ☐ Automatic door opener
- ☐ Accessible parking space
- ☐ Other: _____

Building Access:

- ☐ Ground floor unit
- ☐ Elevator access
- ☐ Accessible common areas
- ☐ Other: _____

Bathroom Features:

- ☐ Roll-in shower
- ☐ Grab bars
- ☐ Accessible bathtub
- ☐ Wheelchair turning space
- ☐ Other: _____

Kitchen Features:

- ☐ Lowered counters
- ☐ Accessible appliances
- ☐ Increased maneuvering space
- ☐ Other: _____

Bedroom & Living Area

- ☐ Wider doorways
- ☐ Additional maneuvering space
- ☐ Other: _____

Additional accommodation information:

Please explain how these accessibility features will assist the household member in their unit.

Independent Living

Please be aware you must be able to live independently as 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: _____

Verification

The ADSAB may request additional information or documentation to better understand the accommodation needs of the household member.

Applicants will be contacted if additional information is required.

Application Declaration

I confirm that the information provided in this section is complete and accurate to the best of my knowledge.

Signature	Date	Signature	Date
Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**

SECTION C
PORTABLE HOUSING BENEFIT

Complete this section if you are applying for a housing subsidy.

A housing subsidy provides financial assistance to help eligible households with their housing costs. A housing subsidy does not provide a housing unit. Applicants are responsible for finding and maintaining their own housing accommodations.

Complete this section whether you are currently renting a unit or are actively seeking a unit.

Current living situation

Which of the following best describes your current living situation?

☐ Renting ☐ Living with family/friends ☐ Homeowner

☐ Homeless ☐ Shelter ☐ Other:_____

Rental unit information

Are you currently renting a housing unit? ☐ Yes ☐ No

If yes, complete the following:

Unit Number (if applicable):	
Address:	
City/Town:	
Postal Code:	
Landlord or Property Manager:	
Landlord Phone Number:	
Landlord Email (if known):	

Rental costs

Please indicate the <u>monthly</u> amount you pay for rent and any utilities that are not included in your rent:

Rent:		Heat:	
Hydro:		Water:	
Other:_____		Other:_____	

Other Housing Assistance

Are you currently receiving any housing-related financial assistance? ☐ Yes ☐ No

If yes, please specify the program and amount:

Applicant Acknowledgement

☐ I understand that applying for a housing subsidy does not guarantee approval or funding.

☐ I understand that I am responsible for providing accurate information regarding my housing situation and housing costs.

☐ I understand that I may be required to provide supporting documentation including a lease agreement, rent receipts, utility bills, landlord information, or other documents necessary to verify my eligibility.

☐ I understand that if approved for a housing subsidy, I must notify ADSAB of changes to my household composition, income, address, housing costs, or tenancy.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

SECTION D
HOMELESSNESS PRIORITY REQUEST

Complete this section only if you are requesting Special Priority Status under the Housing Services Act.

Special Priority may be considered for applicants or households that are actively registered on the ADSAB's By-Name List (BNL) at the time the priority request is assessed.

If you are not currently registered on the By-Name-List, you may not be eligible for Special Priority due to homelessness.

ADSAB staff can provide information about how to access homelessness services and determine whether you may be eligible to be added to the By-Name-List.

Request for special priority

☐ I am requesting Special Priority due to homelessness.

By-Name-List registration

Are you currently registered on the ADSAB's By-Name-List? ☐ Yes ☐ No

If yes, please provide the name of the ADSAB staff member who assisted with your By-Name List registration: _____

Consent to verify By-Name-List Status

☐ I authorize the ADSAB to verify whether I am currently registered on the By-Name-List for the purpose of determining eligibility for Special Priority.

Application acknowledgement

☐ I understand that registration on the By-Name-List may be required to qualify for Special Priority due to homelessness.

☐ I understand that requesting Special Priority due to homelessness does not guarantee approval.

☐ I understand that additional information may be requested to determine my eligibility for Special Priority due to homelessness.

_____	_____	_____	_____
Signature	**Date**	**Signature**	**Date**
_____	_____	_____	_____
Signature	**Date**	**Signature**	**Date**
_____	_____	_____	_____
Signature	**Date**	**Signature**	**Date**

SECTION E
DOMESTIC VIOLENCE & HUMAN TRAFFICKING PRIORITY

Complete this section only if you are requesting Special Priority Status under the Housing Services Act.

Special Priority may be available to individuals who are experiencing or have experienced abuse by a person with whom they live or have lived in a family relationship, or who are experiencing or have experienced human trafficking.

Completion of this section does not automatically grant Special Priority. Additional information and supporting documentation will be required to determine eligibility.

Request for special priority

☐ I am requesting Special Priority due to domestic violence & human trafficking.

Reason for request

Please indicate the reason for your request:

☐ Abuse by a spouse, partner, former spouse, or former partner.

☐ Abuse by another family member.

☐ Human trafficking.

☐ Other circumstances that may qualify: _____.

Current living situation

Do you currently live with the person who has abused you or from whom you are seeking protection?

☐ Yes ☐ No

Safety and contact information

Would contacting you by mail, email, telephone, or voicemail create a safety concern?

☐ Yes ☐ No

If yes, please indicate the safest way to contact you: _____.

Special Priority documentation:

To determine eligibility for domestic violence & human trafficking Priority Status, the ADSAB will require a completed Request for Domestic Violence/Human Trafficking Priority Status Form and supporting documentation as prescribed by the Housing Services Act and applicable regulations.

A staff member will contact you to discuss the documentation requirements and next steps.

Applicant acknowledgment

☐ I understand that additional forms and supporting documentation are required to assess eligibility for Special Priority due to domestic violence & human trafficking.

☐ I understand that requesting Special Priority due to domestic violence & human trafficking does not guarantee approval.

☐ I understand that the information provided in this application will be kept confidential and used only for the purpose of determining eligibility for Special Priority due to domestic violence & trafficking.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

SECTION F
PROPERTY SELECTIONS

Complete this section if you are applying for a housing unit.

Please select all properties where you would be willing to accept an offer of housing. You will only be considered for housing opportunities at the properties you select.

If you completed Section B, some properties or unit types may not be suitable based on your accessibility or accommodation needs. Staff will review your selections and identify properties that may meet those needs.

Understanding unit types

Properties within the ADSAB housing portfolio may offer one or more of the following types of housing:

1. Subsidized (Rent-Geared-to-Income)
   Rent is based on your household income in accordance with applicable legislation and program requirements.
2. Affordable
   Rent is offered below typical market rents and is generally set at approximately 80% of the Canada Mortgage and Housing Corporation (CMHC) Average Market Rent (AMR).
3. Market
   Rent is charged at the market rate established for the unit and is not based on household income.

The type of housing available at each property is identified in the Affordability column below.

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	Market	☐	
35 Beckett Blvd. Apts.	Family	1, 2	ADSAB	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.	Person 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	ADSAB	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	☐	