

Dear Applicant(s),

Please read through and complete the housing application in full and **DO NOT** leave any sections or questions blank – if a section or question doesn't apply to you and the members of your application, then please enter "N/A".

Your application will not be entered into the system and added to the waitlist for housing until all documentation listed below has been submitted. You will receive written confirmation from our office when your application has been processed.

#### **REQUIRED INFORMATION:**

##### **Income Verification – copy of all sources for all members receiving income:**

- If you are receiving **Ontario Works** or **O.D.S.P.**, provide the most recent Statement and Address portions of the Client Summary.
- If you are receiving **OSAP/Education Allowance**, provide the OSAP Assessment Summary or a letter from the funding agency.
- If receiving **Band Assistance**, provide the current statement as well as a printout of all family members covered under the same account.
- If **Employed**, provide four (4) of the most recent and consecutive pay stubs.
- If you are receiving a **Pension** (CPP, OAS, GAINS, etc.), provide a Bank Statement from the 1<sup>st</sup> of the month to the 30/31 of the month, for two (2) consecutive months.
- If you are receiving **Employment Insurance**, provide the weekly benefits statement of your claim.
- If receiving **Support Payments**, this includes both spousal and child payments received, provide the court order or written agreement showing payment amount and schedule.
- Any other income source as described on page 2 of the application.

##### **Income Tax Return Summary:**

- Copy of Notice of Assessment, or Proof of Income Statement, for most current year,
- Canada Child Benefits amount and payment schedule *(if applicable)*,
- The following information must be included: Name, Address, Social Insurance Number, Date of Birth, Province of Residence, Tax Year, Marital Status, and the Date of Assessment completed.

##### **Proof of Aboriginal Ancestry** *(as defined in the Indian Act, Canada):*

- At least **half (50%)** of application members must be of Native Ancestry
- If copy of a Status Card is not available, a confirmation letter from your Band or Aboriginal Affairs and Northern Development Canada (INAC) will be accepted.

##### **Rent Receipt** – most recent/current month:

- If you **do not pay** rent where you are currently residing, a letter from the homeowner, confirming that you are living/staying there and **not** paying rent, will be needed.
- If staying at a crisis centre or other facility, a letter from the Residence stating when you arrived, and the length of your stay is requested.

**Utilities** - If you're currently paying utilities, provide a copy of the most recently paid statement/bills.

##### **Medical Documentation** *(only if medical condition requires special consideration/modifications for housing)*

- Attending Physician Form must be completed and submitted with application.
- If expecting a baby, please provide a letter from doctor, nurse practitioner or midwife confirming due date.

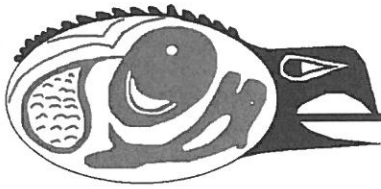
##### **Custody Verification** – acceptable documents are:

- Court Order / Custody Case legal paperwork – copy of applicable agreement sections.
- Letter signed by other biological parent stating arrangement of full custody / primary residency.

If you have any questions, please contact the Tenant Placement Worker by phone at 807-343-9401 or by email at [placement@nptbdc.org](mailto:placement@nptbdc.org)



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FOR OFFICE USE ONLY:			
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## Native People of Thunder Bay Development Corporation

Charitable Organization, Business No. 10776 5075 RR0001

Housing Program: 230 Van Norman Street, Thunder Bay, ON, P7A 4B8

Tel: (807) 343-9401 | Fax: (807) 345-1075

Website: www.nptbdc.org

# Application for Rental Accommodations

Please select type: **Family** ☐ **Senior** ☐

### INSTRUCTIONS:

Please read through and complete ALL sections of the application relating to you and your family.

Please print all information clearly in ink – blue or black ink is preferred.

**DO NOT** leave any questions or sections blank, if you do, your application will be returned to you for completion. If a section or question doesn't apply to you and/or your housing situation, please specify by indicating with "N/A".

The following documentation must accompany your application before it will be accepted:

- ☐ INCOME VERIFICATION (all sources, please see page 2)
- ☐ INCOME TAX RETURN SUMMARY, ASSESSMENT or PROOF OF INCOME STATEMENT
- ☐ FIRST NATION STATUS, METIS CITIZENSHIP, or INUIT CARDS (copy of both sides of cards)
- ☐ RENT RECEIPT (most recent month, or a letter from homeowner if not paying rent)
- ☐ MEDICAL DOCUMENTATION (complete Attending Physician's Report only if there are medical concerns requiring special consideration, modifications, or accessibility requests)
- ☐ CUSTODY VERIFICATION (if applicable)

### IMPORTANT NOTICE:

A housing unit shall be leased to persons of Native Ancestry; therefore, applicants must be of Aboriginal Ancestry in accordance with the Indian Act, and **at least half (50%) of household** must be Aboriginal. (Note: Persons are of "Aboriginal Ancestry" if they are Indians as defined in the INDIAN ACT OF CANADA, persons commonly referred to as Indians Non-status, Metis, or persons of the Inuit race).

Only those applications that have been completed in full, with signed consent of the Applicant and Co-Applicant(s), proof provided regarding Aboriginal Ancestry, and all required documentation submitted, will be considered for the housing program. Applicants who are 16 years or older must be able to live independently.

As part of the application process, the Corporation will complete a check through the province-wide database for rent and/or utility supplier arrears, as well as request a landlord reference.

It is the policy of the Corporation that a selected applicant be made **one (1)** offer of housing for an available unit. Should the offer be declined, your file will be placed back on the waiting list as a lower priority while other applicants are selected for the next available unit.

It is your responsibility to keep in touch with the Tenant Placement Worker on a regular basis to ensure that your application is kept active, and to provide the Corporation with any/all updates to your information concerning your application within **thirty (30)** days. Failure to do so may result in your application being cancelled, and you would need to complete a new one.

It is the policy of the Corporation that all applications without active pursuit in a **twelve (12)** months period, will be changed to an inactive status, and removed from the Corporation's waiting list.

## **DEFINITION OF COMMON TERMS**

**“SPOUSE”** means two persons who:

- A) Are married to one another or who represent that they are married to one another;
- B) Are not married to one another who prove they cohabitate in a relationship of permanence or represent that they intend to do so.

**“FAMILY”** means a minimum of two (2) persons, including one (1) dependent child.

**“SENIOR”** persons who are age of 55 years or older, or a couple where at least one person is aged 55 or older.

**“INCOME”** means all received monies, benefits, and gains of every kind, and from every source, including, but not limited to the following:

- A) Gross salaries, wages, overtime payments, commissions;
- B) The gross amount of employment insurance benefits;
- C) The gross amount of Workplace Safety Insurance Benefits or other industrial accidents insurance payments made because of illness or disability;
- D) The gross amount of any Old Age Security, Federal Guaranteed Income Supplement, Spouse's Allowance, and financial assistance under the Ontario Guaranteed Annual Income System (GAINS);
- E) The gross amount of every kind of social assistance benefit, pension, allowance, and annuity, whether from a Federal, Provincial or Municipal Government of Canada, or any level of government, of any other country or state, or from any other source;
- F) The gross amount of alimony, separation, maintenance, or support payments (spousal/child);
- G) The gross amount of gains from investments, including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ontario Housing Corporation from time to time;
- H) The gross interest income from savings or chequing accounts in a bank, trust company or credit union;
- I) The gross amount of interest earned or payable from bonds, debentures, term deposits or investment certificates, mortgages, capital gains or lump sum payments or other assets;
- J) An imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time;
- K) Net business income is income earned after deducting from revenue associated operating expenditures.

**“GROSS HOUSEHOLD INCOME”** means payments and/or monies received BEFORE any/all deductions, resulting in the total combined income of:

- A) The Tenant and **every** person residing in the leased premises 16 years or older.
- B) Every Tenant on the Lease but temporarily residing elsewhere.

### **Income Producing Assets:**

- Farm Property, which produces income.
- Real Estate (residential, commercial, farmland, cottage), which produces income.
- Savings Accounts (bank, credit union, etc.), annuities, Guaranteed Investment Certificates.
- Stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits.
- License which produces income (e.g. Taxi License).
- Business interest which produces income.

### **Non – Income Producing Assets:**

- Life Insurance with a cash surrender value
- Registered Retirement Savings Plan
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- Collection of, or investments in, other valuable non-income producing assets
- Business interest which does not produce income.



**SECTION #1 APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DD/MM/YYYYSocial Insurance Number: \_\_\_\_\_ Gender: Male ☐ Female ☐

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address \_\_\_\_\_ Use for Correspondence?  
NO ☐ YES ☐**MARITAL STATUS:** Single ☐ Widow ☐ Separated ☐ Divorced ☐ Married ☐ Common law ☐**CITIZENSHIP:** Are you a Canadian Citizen? NO ☐ YES ☐  
Do you have landed immigrant status? NO ☐ YES ☐**ABORIGINAL ANCESTRY:**Status: NO ☐ YES ☐ If 'YES', First Nation/Band Affiliation: \_\_\_\_\_Inuit ☐ Métis Citizen ☐ Non-Status ☐ Non-Native ☐**RESIDENCY:** (*Current Address*)Are you a resident of the City of Thunder Bay? NO ☐ YES ☐If "Yes", how long have you and your family resided within the City? \_\_\_\_\_ Months / Years (*circle one*)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Box #: \_\_\_\_\_

City/Town/Reserve: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Landlord Name(s): \_\_\_\_\_

Landlord Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

**CURRENT LOCATION OF FAMILY:**Do all members and dependents reside in your current accommodations? NO ☐ YES ☐

If 'NO', please select reason for separation:

Children in Care ☐ Relocation for Medical Reasons ☐ Safety Concerns ☐ Shelter/Homeless ☐Other ☐, please specify: \_\_\_\_\_**SECTION #2 CO-APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DD/MM/YYYYSocial Insurance Number: \_\_\_\_\_ Male ☐ Female ☐**MARITAL STATUS:** Single ☐ Widow ☐ Separated ☐ Divorced ☐ Married ☐ Common law ☐**Relationship to APPLICANT:** \_\_\_\_\_

## SECTION #2 CO-APPLICANT INFORMATION (cont'd)

**CITIZENSHIP:** Are you a Canadian Citizen? NO ☐ YES ☐  
Do you have landed immigrant status? NO ☐ YES ☐

**ABORIGINAL ANCESTRY:** (Please check one of the following; Status Card or Band Letter required)

Status: NO ☐ YES ☐ If 'YES', First Nation/Band Affiliation: \_\_\_\_\_

Inuit ☐ Métis Citizen ☐ Non-Status ☐ Non-Native ☐

**RESIDENCY:** (If different from Applicant's address)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Box #: \_\_\_\_\_

City/Town/Reserve: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address \_\_\_\_\_ Use for Correspondence?  
NO ☐ YES ☐

## SECTION #3 OTHER MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DD/MM/YYYY

Social Insurance Number: \_\_\_\_\_ Gender: Male ☐ Female ☐

**MARITAL STATUS:** Single ☐ Widow ☐ Separated ☐ Divorced ☐ Married ☐ Common law ☐

**Relationship to APPLICANT:** \_\_\_\_\_

**CITIZENSHIP:** Are you a Canadian Citizen? NO ☐ YES ☐  
Do you have landed immigrant status? NO ☐ YES ☐

**ABORIGINAL ANCESTRY:** (Please check one of the following; Status Card or Band Letter required)

Status: NO ☐ YES ☐ If 'YES', First Nation/Band Affiliation: \_\_\_\_\_

Inuit ☐ Métis Citizen ☐ Non-Status ☐ Non-Native ☐

**RESIDENCY:** (If different from Applicant's address)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Box #: \_\_\_\_\_

City/Town/Reserve: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_

<b>SECTION #4 CHILDREN / DEPENDENTS</b> (only if this pertains to your application)				
Name (First & Last)	Date of Birth DD/MM/YYYY	M/F	Relationship to Applicant	Aboriginal Yes/No

Is a baby expected? NO ☐ YES ☐ If 'YES', Due Date Expected \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

<b>SECTION #5 GROSS MONTHLY FAMILY INCOME</b>			
	Applicant	Co-Applicant	Other Member
Employment (Part time P/T or full time F/T)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Canada Pension Plan	\$	\$	\$
Old Age Security	\$	\$	\$
Employment Insurance	\$	\$	\$
OSAP/Education or Training Allowance	\$	\$	\$
Workplace Safety Insurance Board	\$	\$	\$
Alimony and/or Child Support	\$	\$	\$
Other (please specify):	\$	\$	\$
	\$	\$	\$
<b>TOTALS:</b>	\$	\$	\$

Applicant's Employer Name / Company \_\_\_\_\_ Phone # \_\_\_\_\_

Co-Applicant's Employer Name / Company \_\_\_\_\_ Phone # \_\_\_\_\_

OW / ODSP Worker Name \_\_\_\_\_ Phone # \_\_\_\_\_ Ext # \_\_\_\_\_

<b>SECTION #6 ASSETS</b> (please refer to page 2)
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Do you own property? NO ☐ YES ☐ If 'YES', the property is: Off Reserve ☐ On Reserve ☐

If 'YES', please provide details regarding location, type of property, and approximate market value:

\_\_\_\_\_

Do you own an automobile? NO ☐ YES ☐ If 'YES', Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have any assets? NO ☐ YES ☐ If 'YES', provide detail: \_\_\_\_\_

## SECTION #7 SPECIAL PRIORITY

Are you and your family able to reside in a home with stairs? NO ☐ YES ☐

Do you or any other member of the application have a medical and/or health condition requiring accessibility needs such as wheelchair access or building modifications? NO ☐ YES ☐

If 'YES', copy of the Attending Physician's Report is required to be completed and submitted with application.

Do you have dependents in care of others because you do not have suitable housing? NO ☐ YES ☐

If 'YES', please submit letter of verification with application.

Are you applying for housing because you are living in or fleeing an abusive relationship? NO ☐ YES ☐

If 'YES', please provide a safe contact number and/or address below:

Phone:	Address:
If you left, please provide your move out date (dd/mm/yyyy):	

## SECTION #8 CURRENT ACCOMMODATION

### TYPE OF ACCOMMODATION:

House ☐ Apartment ☐ Room ☐ Duplex / Row Housing ☐ Crisis Housing / Shelter ☐ Trailer ☐

Other ☐, please specify: \_\_\_\_\_

Do you have a kitchen? NO ☐ YES ☐ Do you have a bathroom? NO ☐ YES ☐

Number of bedrooms available for you and your family to sleep in? \_\_\_\_\_

Cost of accommodations: \$ \_\_\_\_\_ / month

Cost of utility per month: Heat \$ \_\_\_\_\_ Hydro \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Do you have a lease agreement? NO ☐ YES ☐

If 'YES', the lease is: monthly ☐ yearly ☐ End of lease date: \_\_\_\_\_

What date did you move into your current accommodation (mm/yyyy)? \_\_\_\_\_

Is there anything about your current accommodation which is **HAZARDOUS** to your health or safety?  
(i.e., faulty wiring, falling plaster, no fire exits, broken stairs, dampness/no ventilation etc.)

NO ☐ YES ☐ If 'YES', PLEASE SPECIFY:

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Are there any features of your current accommodation which are **INADEQUATE**?

(i.e., heating, lighting, ventilation, kitchen or bath facilities, recreation space for children etc.)

NO ☐ YES ☐ If 'YES', PLEASE SPECIFY:

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**SECTION #9 REASON FOR LEAVING CURRENT ACCOMMODATIONS****Select any / all reasons that apply to you:**HOMELESS ☐ MEDICAL ☐ OVERCROWDED ☐ CONDITION OF UNIT ☐ HIGH RENT ☐TRANSPORTATION ☐ SOCIAL CONCERNS ☐ NOTICE OF EVICTION ☐ \*

(\*Submit copy of the Notice with application)

OTHER ☐

Please Provide Details:

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**SECTION #10 RENTAL EXPERIENCE****Have you completed an application with any other social housing agency/provider in Thunder Bay?**NO ☐ YES ☐

If 'YES', provide name of agency/provider: \_\_\_\_\_

**Have you or the Co-applicant resided in subsidized or rent-geared-to-income housing in Ontario?**NO ☐ YES ☐

If 'YES', provide location, agency/provider: \_\_\_\_\_

**Do you or any member of application owe monies to ANY housing agency/provider or private landlord in Ontario?**NO ☐ YES ☐

If 'YES', total amount owing: \$ \_\_\_\_\_ Name of housing provider: \_\_\_\_\_

If 'YES', is there a Payment Agreement in place? NO ☐ YES ☐ \*\***Do you or any member of application owe monies to ANY utility company and/or provider?**NO ☐ YES ☐

If 'YES', total amount owing: \$ \_\_\_\_\_ Name of utility supplier: \_\_\_\_\_

If 'YES', is a Payment Agreement in place? NO ☐ YES ☐ \*\***\*\* NOTE:** If 'YES', verification of agreement must be submitted with application.**SECTION #11 RESIDENTIAL HISTORY****APPLICANT - Provide the residential history of your past two (2) addresses.**

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

**Were any of the landlords listed family or related to you?** NO ☐ YES ☐

**SECTION #11 RESIDENTIAL HISTORY (cont'd)**

**CO-APPLICANT - Provide residential history for your past two (2) addresses if different from applicant.**

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

Address (Street #, street name, Apt #, City, Postal Code):	Move in Date (MM/YYYY)	Move out Date (MM/YYYY)
Landlord Name:	Landlord Phone:	

**Were any of the landlords listed family or related to you?** NO ☐ YES ☐

**SECTION #12**

**In case of emergency, please provide contact details for up to three (3) family members or friends**

NAME	RELATIONSHIP (i.e. friend, Aunt, Mother, etc.)	PHONE NUMBER

**SECTION #13 ADDITIONAL HOUSEHOLD INFORMATION**

**Do you have any pets?** NO ☐ YES ☐ If 'YES', how many? \_\_\_\_\_ What type? \_\_\_\_\_

**Do you or any other member of the application smoke?** NO ☐ YES ☐

**Are you or any other member of the application operating a business in/out of your current unit?**  
NO ☐ YES ☐

If 'YES', will you continue operating in/out of your future unit? NO ☐ YES ☐

**Do you have a location preference?** NO ☐ YES ☐

If 'YES', please select from the below city of Thunder Bay wards:

McIntyre ☐ Current River ☐ Red River ☐ Northwood ☐ McKellar ☐ Westfort ☐

## SECTION #14 DECLARATION, RELEASE AND CONSENT TO INFORMATION

I/we make the following representations and warranties knowing that they will be relied upon by the Native People of Thunder Bay Development Corporation (the "Corporation") to assess my/our qualifications for rental accommodation, and to establish the amount of rent payable.

I have read the definitions of income and gross family income set out in this form, and I fully understand them.

I understand that if rental accommodations are provided to me by the Corporation's housing program, it will be occupied by myself, and only the persons listed on this application.

I understand that completion of this application does not constitute an agreement on the part of the Corporation to provide me with rental accommodation through the housing program.

I give my consent to the Corporation to check and confirm my credit history, rental history, references, employment history, income, and including that of Co-Applicant, and any Guarantor thereof, or complete any inquiries that it deems necessary, to verify the information given in this application form.

I authorize any person, corporation, or any social agency having knowledge of any such required credit history, rental history, and income amount, to exchange any information to the Native People of Thunder Bay Development Corporation to verify the above as permitted under the Ontario Human Rights Code.

I agree to provide any supporting information and documentation requested by the Corporation, which may be required to establish eligibility for the housing program.

Personal information contained on this form or in attachments is collected by the Native People of Thunder Bay Development Corporation Housing Program pursuant to the Freedom of Information and Protection Act, (R.S.O. 1990, cF 31) or the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, cM 56).

The undersigned agree(s) and hereby certifies that all information given in this application and provided documentation is true, accurate and legal, and understands that providing false or misleading information will result in this application being cancelled.

\_\_\_\_\_  
Applicant Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Questions or concerns?**  
**Please call our office at 807-343-9401**

### **SUBMIT COMPLETED APPLICATIONS TO:**

By Mail or In Person: Native People of Thunder Bay Development Corporation  
230 Van Norman Street  
Thunder Bay, ON. P7A 4B8

By Email: [placement@nptbdc.org](mailto:placement@nptbdc.org)

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# Native People of Thunder Bay Development Corporation

Charitable Organization, Business No. 10776 5075 RR0001

Housing Program: 230 Van Norman Street, Thunder Bay, ON, P7A 4B8

Tel: (807) 343-9401 | Fax: (807) 345-1075

Website: www.nptbdc.org

## ATTENDING PHYSICIAN'S REPORT

Patient's Full Name:	
Date of Birth:	
Current Address:	
Physician's Name:	

### Important Note to Attending Physician:

Your patient has applied for rent-geared-to-income Special Priority housing assistance, or is requesting an Internal Transfer, based on medical condition needs. Consequently, the patient requests that you provide Native People of Thunder Bay Development Corporation with information specifically outlining why the urgent request for rental housing, or how a specific unit type (*wheelchair accessible, core floor, extra bedrooms, etc.*), will significantly reduce the symptoms of a medical condition. General statements indicating that the client will simply benefit from a certain type or location of rental unit is insufficient. *Your report will remain confidential.*

PRIMARY DIAGNOSIS:	
PROGNOSIS:	
SECONDARY DIAGNOSIS:	
PROGNOSIS:	

### Which of the following would you categorize the patient's medical status:

- ☐ Life threatening and/or degenerative.  
☐ Chronic but not life threatening.  
☐ Short-term duration: \_\_\_ 6 Months \_\_\_ 12 Months \_\_\_ 24 Months

Your patient is applying to the Corporation Housing Program, and/or requesting an Internal Transfer due to medical needs, please explain in detail:

#### 1. How the health problems are aggravated by their present accommodation:

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#### 2. How your patient would benefit from receiving an extra bedroom:

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Do you feel that your patient be capable to live independently in a self-contained, single-family unit?

☐ NO

☐ YES

☐ With Support

Provide details of the services that are, or will be, in place to ensure independent living:

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If the medical diagnosis indicates behavioural/psychological issues that may be considered anti-social, violent, destructive, or self-destructive, please explain below:

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**Attending Physician's Endorsement:** I hereby certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.

OFFICE STAMP:	
PHYSICIAN SIGNATURE:	

**Authorization/Release by Patient/Applicant/Tenant:**

Following review by the Native People of Thunder Bay Development Corporation of the information contained herein. I wish this document to be: ☐ Kept on file for possible future reference; ☐ Returned to me; ☐ Destroyed.

I, \_\_\_\_\_, (print name) hereby authorize the Native People of Thunder Bay Development Corporation to collect personal information concerning myself including all medical information necessary to complete this form by my Attending Physician.

Personal information contained herein or in attachments is collected by Native People of Thunder Bay Development Corporation pursuant to the *Freedom of Information and Protection of Privacy Act*. (R.S.O. 1990. c.F.31) of the *Municipal Freedom of Information and Protection of Privacy Act*. (R.S.O. 1990.c.M.56). This information will be used to determine eligibility for rent-geared-to-income assistance, the size and type of unit eligible for, the placement of the household on the waiting lists, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies providing financial assistance to the applicant. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, (2000)*, the *Ontario Disability Support Program Act. (1997)*, the *Ontario Works Act, (1997)*, or the *Day Nurseries Act*. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions about this collection should be directed to: Mitchell Argue, Director of Housing, Native People of Thunder Bay Development Corporation, 230 Van Norman Street, Thunder Bay, Ontario, P7A 4B8, (807) 343-9401.

I further authorize my Attending Physician to release any required medical information to Native People of Thunder Bay Development Corporation which may be required to establish eligibility for the housing program.

Patient Signature:	Date:
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