

# Central Waiting List administered by the

#### **District of Timiskaming Social Services Administration Board (DTSSAB)**

- 1. Please print all information in ink.
- 2. Complete all sections of the attached application form.
- 3. Before completing the Total Household Income section, please read the "Definition of Income" found on Pages 7 and 8.
- 4. If you need assistance completing this application, call any of the Housing Providers listed on Page 5.

5.		sual verification of the following documents must be provided along with your npleted application form. Any originals or copies submitted will be sent back to J.
		Birth Certificate(s) for each household member over the age of 16 (or Baptismal Certificate, Landed Immigrant Record/Passport)
		Notice of Assessment from Canada Revenue Agency for the latest income tax return (previous year)
		Supporting Documents for any support payments, separation agreements, or custody agreements (court order/agreements)
		Recent statements for all bank accounts, investments, Tax Free Savings Account (TFSA), income producing assets etc.
		Proof of property value (example MPAC or Property Tax Bill)
		Copy of most recent check stub from Ontario Works or ODSP is applicable
6.	Но	using Provider members of the Central Waiting List have homes throughout

7. Be sure to indicate your preferences on Pages 4 and 5 of this application.

The following housing providers have no smoking policies for all of their buildings:

- 1. Zone K-1 Veterans Home Corporation located at 259 Gordon Street
- 2. Kirkland Lake Non-profit Housing Corporation (KLNP)

the Timiskaming area and for individuals at all levels of income.

- 3. District of Timiskaming Social Services Administration Board (DTSSAB)
- 4. New Liskeard Non-profit Housing Corporation (NLNP)

Note: Certain Housing Providers may require further information as part of their application process.

Comments and Additional Information (if you desire):						



### **Statement of Household Composition**

Preferred Language:		nglish	☐ Frenc	ch							
APPLICANT D					e:						emale al:
Social Insurance Num	ber: _		/		Date	of Birt	th:	/_ 	/ M	/	DD
Phone: ()	_ <b>-</b>		□ Work	√ □ Home	□ Cel	I 🗆 A	Alternat	e Cont	act	t	
Phone: ()	- <del>-</del>		□ Work	k □ Home	□ Cel	I 🗆 A	Alternat	e Cont	act	t	
Street & Number:								Aı	pt.	No:	
PO Box: C	ty:							Postal	Со	de:	
Are you a: □ Canadia	ın Citi	zen □ I	Landed I	lmmigrant	□ Refu	gee/A	pplican	t 🗆 C	Othe	er: _	
CO-APPLICANT D					e:						emale
Social Insurance Num	ber: _	/	/_		Date	of Birt	th:	/_ /M	/ M	/	DD
Phone: ()											
Phone: ()											
Street & Number:								A	pt.	No:	
PO Box: C	ty:							Postal	Со	de:	
Are you a: □ Canadia	ın Citi	zen □ I	Landed I	lmmigrant	□ Refu	gee/A	pplican	t 🗆 C	Othe	er: _	
If you have shared cu of the children; place	stody	of any o	f your ch		will nee	-			/ou	r gu	uardianship
				S.I.N.		Date of Bi		rth	Se	ех	Dalatianahin
Last Name		First Name		for children ov age 16	er X	Year Month		Day M		F	Relationship
	*Pl	ease List	: Additior	nal Member	s on a S	Separa	ate She	et			
			Housi	ng Requi	remen	ts					
How many bedrooms	do yo	ou/family	require?								
Are you able to live independently? □ Yes □ No							□ No				
Do you require a ground floor unit or elevator service? ☐ Yes ☐ No					□ No						
Do you require a unit modified for wheelchair				accessibility?				Ye		□ No	
Do you require any modifications to the unit to be able to live independently?   Yes  No If yes please provide details:											
Do you require parkin *please note all build	_	are able	to only a	accommoda	te one	vehicl	e per h		Ye old.		□ No
Do you have a motori	zed s	cooter th	at requir	es onsite pa	arking fo	or cha	rging?		Ye	S	□ No

## DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD APPLICATION FOR SOCIAL HOUSING

**Previous Social Housing Accommodations** Do you, or the co-applicant, currently live in: co-op, non-profit, or subsidized ☐ Yes □ No housing in Ontario? Did you or the co-applicant ever live in subsidized housing in Ontario? □ Yes □ No If yes, please provide the following: Former Address: Name of Provider: What date did you move out (YY/MM/DD)? **Total Monthly Household Income** (Gross monthly income before deductions) You must state all sources of income from everyone in your household and provide proof for each. **Applicant** Source **Co-Applicant** Other **Proof Employment** Of Last 8 Pays Ontario Works Benefits Last Cheque & Drug Card Ont. Disability Support Plan (ODSP) Last Cheque & Drug Card **GAINS Senior** Bank Record or Last Cheque Employment Insurance (EI) Most Recent Statement Bank Record or Last Cheque Canada Pension (CPP) Old Age Security (OAS) Bank Record or Last Cheque Support/Alimony Support Legal Document Workers Compensation (WSIB) Most Recent Cheque Assets (see Page 5) Attach Description Other Pensions Bank Record or Last Cheque Other Income Bank Record or Last Cheque **Property Ownership** Are you a property owner? □ Yes □ No If Yes, you will need to provide a form of verification (i.e. Municipal Property Assessment Corporation Assessment) Do you own a business? ☐ Yes ☐ No If Yes, give details:

#8005e (2017-05-04)

You will be required to provide financial information about the business.



#### **Assets**

Please provide the current balance(s) of all bank accounts listed below (If you need more than 3 columns please provide on a separate sheet.)

Current Balance

Bank Account(s)	1	Current Bala		3
Savings	<u> </u>			
Chequing				
TFSA (Tax Free Savings Account)				
Bonds/Savings Certificates				
Annuities, Shares, Securities, Stocks, Debentures				
Other Specify:				
Transferred Assets If any assets have been transferred during Date of Transfer:  Transferred To:	· .			
С	entral Wai	ting List		
Please indicate if you are interested in:		J		
<ul><li>(a) Rent Geared To Income (Subsidized</li><li>(b) Market-Rent (Non-Subsidized Rent)</li></ul>	Rent)	□ Yes □ Yes	□ No □ No	
You must check off your preferred location your application is received.	on(s).Units a	re offered chro	nologically	based on the date
Seniors/Singles Buildings (*Desi	gnated Se	niors Build	ing)	
Cobalt:  ☐ 29 Miller (DTSSAB) ☐ 26 Ferland (DTSSAB)  Temiskaming Shores: ☐ 390 Lakeview (DTSSAB) ☐ 480 Broadway (DTSSAB) ☐ 259 Gordon Drive (Veterans)* ☐ 370 Broadway Street- RGI (DTSSAB) ☐ 370 Broadway Street-Market Rent (D☐ 100 Market Street (DTSSAB) ☐ 105 Market Street (NLNP)* ☐ 154 Market Street (DTSSAB)  Earlton: ☐ Tenth Street (DTSSAB)	TSSAB)*  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	inglehart: Fifth Avenue Sixth Avenue Ninth Avenue Tenth Avenue Lake: Lake Street Lake Street Lake Street 1 25 Tweedsn 25A Tweedsn 1 42 Churchill arder Lake: 99 Thompso	e (DTSSA le (DTSSA le (DTSSA - RGI (DTS - Market Re muir Road ( smuir Road eet (KLNP)*	B) B) B) SSAB) ent (DTSSAB) DTSSAB) (DTSSAB)
Family Projects		-		
Temiskaming Shores: ☐ Bolger, Taylor, Broadwood, 4 units (Description:	TSSAB) [ [ [	☐ 55-85 Hardi ☐ 25 Tweedsn	th Avenue, ng Avenue, nuir Road, 2	4 units (DTSSAB) , 16 units (DTSSAB) 23 units (DTSSAB)
☐ Seventh Street, 12 units (DTSSAB)	_	<ul><li>☐ 10 Scattered</li><li>☐ Pollock Ave</li></ul>	-	-



# For further information on the Central Waiting List and the Housing Providers please refer to the Application Guide or contact:

DTSSAB: District of Timiskaming Social Services Administration Board

Attention: Social Housing Program PO Box 6006, 290 Armstrong Street

New Liskeard ON P0J 1P0 Phone: 705-647-7447 ext.2229

800-627-2944 ext.2229 Fax: 705-647-5267

Kirkland Lake ON

Phone: 705-567-9366 ext.3243

888-544-5555 ext.3243 Fax: 705-567-1942

Email: housing.application@dtssab.com

**KLNP:** Kirkland Lake Non-Profit Housing Corporation

60 Fifth Street, Suite 100 Kirkland Lake ON P2N 3P7

Phone: 705-568-6688 Fax: 866-568-8842

Email: klnph@ntl.sympatico.ca

**NLNP:** New Liskeard Non-Profit Housing Corporation

PO Box 1564, 105 Market Street New Liskeard ON P0J 1P0

Phone: 705-647-3076 Fax: 705-647-6456

Email: nlnph@ntl.sympatico.ca

**RCL:** Zone K-1 Veterans' Home Corporation

259 Gordon Drive

Haileybury ON P0J 1K0

Phone: 705-672-2557 Fax: 705-672-2558

Email: vets@ntl.sympatico.ca

# Rural & Native Scattered Family Units (CTPNNPH) (Contact Provider for further details on these units)

Ш	Northern Timiskaming: Kirkland Lake, King Kirkland, Dobie, Harvey Kirkland, Kearns Virginia Tow	۷n.
	Larder Lake, Swastika	
	Central Timiskaming: Matachewan, Charlton, Elk Lake, Englehart, Earlton, Thornloe, Kenebeek	

CTNH: Cochrane-Temiskaming Native Housing

PO Box 2635

Cochrane ON P0L 1C0

Phone: 705-272-5718 Fax: 705-272-6097

☐ Southern Timiskaming: New Liskeard, Haileybury, Cobalt, Latchford

Email: ctnh@puc.net



#### **Consent and Declaration**

#### Please have all household members 16 years of age and older sign this form.

We make the following pledge knowing that it will be relied upon by the District of Timiskaming Social Services Administration Board (DTSSAB) to assess our qualifications for rent subsidy and to establish the rent:

- 1. I have read over the "Definitions of Income" attached to this form, and I fully understand them. I have also read and understand the information about Collection, Use, and Disclosure of Personal Information.
- 2. The information we put on this form as applicants and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.
- 3. I authorize the District of Timiskaming Social Services Administration Board to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to the DTSSAB.
- 4. I am responsible to provide any supporting documents required to complete this application. This form and all supporting documents provided become the property of the District of Timiskaming Social Services Administration Board.
- 5. I understand that failure to supply the District of Timiskaming Social Services Administration Board with accurate and complete information on this form may jeopardize my eligibility for a rental subsidy.
- 6. I authorize and agree that the District of Timiskaming Social Services Administration Board may collect, use, and disclose the personal information that I have provided on this form. I understand and acknowledge that the DTSSAB will also collect, use, and disclose my personal information as required or permitted by law.
- 7. Signatures of all household members that are 16 years of age and over are included below.

Name of Resident #1	Signature of Resident #1	Date
Name of Resident #2	Signature of Resident #2	Date
Name of Resident #3	Signature of Resident #3	Date

It is your responsibility to advise the Central Waiting List of any changes to your circumstances regarding your income or address.

Confirmation of Application					
Application Received From (Primary Applicant):					
Application Received By:					
Date Received: Time Received:					
This copy will serve to acknowledge receipt of your application by the Central Waiting List, and to acknowledge that your application is: ☐ Complete ☐ Incomplete					
If "Incomplete" is checked, please fill in the highlighted areas on the application and/or the missing information, as requested. If "Complete" is checked, retain this for your records. If you have any questions, please contact the Housing Provider nearest you.					
Within 10 days of receiving your application the DTSSAB will send you a letter of confirmation. If you do not receive this in due time or have any further questions, please contact:					

Central Waiting List at 705-647-7447 Ext. 2229 or 800-627-2944 Ext. 2229.



#### Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age read this declaration.

#### What is Personal Information?

Personal Information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- Age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc.;
- · Opinions, evaluations, comments, social status, or disciplinary actions; and
- Employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

#### **Collection and Use of Your Personal Information**

The District of Timiskaming Social Services Administration Board will collect, retain, use, and may disclose the personal information provided by you in this form and its attachments for the following purposes:

- · Considering your application for tenancy;
- Verifying the information that you have provided in your application for tenancy, and its attachments;
- Calculating your rent;
- Receive reimbursement from Municipal, Provincial, and Federal agencies for costs associated with subsidized housing;
- · Plan, administer, and manage our operations;
- · Comply with legal and regulatory requirements;
- For the use of the auditor to verify compliance;
- For the purposes of contacting the necessary services or your next of kin in case of an emergency;
- Fulfill other purposes permitted or required by law.

#### **Disclosure of Your Personal Information**

The District of Timiskaming Social Services Administration Board will disclose the personal information provided by you in this form to the following parties for the purposes described above;

- To any social agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act, or any government department responsible for social housing programs under the Housing Services Act 2011;
- To the Government of Canada, a department, ministry or agency of it, without further notice to you
  if the information is necessary for the purpose of administering or enforcing the *Income Tax Act*(Canada) or the *Immigration Act*;
- To any agent working on behalf of the District of Timiskaming Social Services Administration Board for the purposes of complying with the *Housing Services Act 2011*;
- To credit bureaus and other businesses that provides credit or rental history information about you.

#### **Definition of Income**

"Income" means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
- (b) grants, scholarships or bursary payments;
- (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business;
- (d) the gross amount of employment insurance benefits;
- (e) the gross amount of worker's compensation payments or other industrial accident insurance payments made because of illness or disability;
- (f) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and financial assistance under the Ontario Guaranteed Annual Income System (GAINS);
- (g) the gross amount of every kind of pension, allowance, benefit and annuity from a federal, provincial or municipal agency;



### DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD APPLICATION FOR SOCIAL HOUSING

- Government of Canada or any level of government of any other country or state or from any other source;
- (i) the gross amount of alimony, separation, maintenance or support payments;
- 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 Ministry of Municipal Affairs and Housing from time to time;
- (k) the gross interest income from savings or chequing accounts in the bank, trust company or a credit union;
- (I) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- (m) 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.

#### **Examples of Possible Sources of Income**

#### **Employment**

Full-time
 Part-time
 Odd Jobs
 Cost of Living Bonuses
 Disability Pay
 Overtime Earnings
 Sickness Pay

Irregular
 Shift Bonuses
 Commissions

Casual
 Tips and Gratuities
 Yearly or Seasonal Bonuses

Long Term Income Protection Payments
 Separation/Vacation Pay

#### **Self-Employment**

Tutoring
 Child Care
 Taxi
 Business

Teaching Music - Babysitting

#### **Pensions and Allowances**

Old Age Security (OAS)
 Public Service Pension

Guaranteed Income Supplement (GIS)
 Civilian War Pension

· Guaranteed Annual Income System (GAINS) · Disability Pension

Canada Pension Plan (CPP)
 War Veteran's Allowance (DVA)

Quebec Pension Plan
 Social Security (other countries)
 War Veteran's Allowance (other countries)
 Military, Militia or Civil Defence Allowances

Widow's Pension
 Canada Manpower Retraining Allowance

Vidow 3 Ferision Canada wanpower Retraining Allowance

Company PensionPrivate PensionRetraining Allowances

#### Other

Ontario Works Benefits (OW)
 Payments from Children's Aid Society

Employment Insurance Payments (EI)Student GrantsStudent GrantsAlimony Payments

Provincial or Municipal Payments
 Support Payments (for spouse or child)

Insurance Payments
 Support from relatives or other sources

Payments from Official Guardian or Public Trustee

· Payments under Compensation for Victims of Crime · Mortgage Income

One-time lump-sum payments (inheritances, court and out of court settlements)

Workplace Safety Insurance Board Payments (WSIB)

#### **Income Producing Assets**

Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income

- Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, loans, notes, term deposits
- · Farm Property which produces Income
- · Licence which produces income (e.g. Taxi Licence)
- 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

#8005e (2017-05-04)