



# DISTRICT OF RAINY RIVER SERVICES BOARD

450 Scott Street  
Fort Frances, ON  
P9A 1H2

Ph: (807) 274-5349  
Fax: (807) 274-0678  
Toll Free: 1-800-265-5349

• Children's Services • Paramedic Services • Ontario Works • Community Housing

## INSTRUCTIONS:

1. Complete all Sections and forward to appropriate office:

### **Fort Frances Office**

**Rainy River District Social  
Services Administration Board  
450 Scott Street  
Fort Frances, ON  
P9A 1H2**

### **Atikokan Office**

**Rainy River District Social  
Services Administration Board  
25 Rawn Road  
Box 1300  
Atikokan, ON  
P0T 1C0**

2. Please print all information in ink.
3. If you require help completing this Application call:

### **Fort Frances Office**

Phone: (807) 274-5349  
Toll Free: 1-800-265-5349

### **Atikokan Office**

Phone: (807) 597-1431

## **HOUSING APPLICATION CHECKLIST**

### **\*\*\*Note\*\*\***

Please ensure the following documentation is included with your **completed** application. Your application will **NOT** be accepted until all documents indicated below are attached.

Required for <b>ALL</b> applicants	Required for RGI <b>ONLY</b>	Documentation required for submission with completed application	Complete ✓ (Office use only)
✓	✓	Verification as to status in Canada, ie. Canadian birth certificate, Canadian passport, Registered Indian Band status card, Permanent Resident card, Landed Immigrant Status documents ... for all members of the household	
✓	✓	Landlord reference(s) for the most recent 5 years	
	✓	Most recent Notice of Assessment for all members of the household (Pages 1-4)	
	✓	Up-to-date bank statement for all members of the household (for the last 60 days)	
	✓	Verification of Ontario Works(OW) or Ontario Disability Support Program(ODSP) as applicable	
	✓	Declaration/confirmation of abuse form (If applying for Special Priority)	



## FOR RENT GEARED TO INCOME APPLICANTS ONLY

### INCOME AND ASSETS VERIFICATION

See below for examples of Income and Assets that **MUST** be declared to the Rainy River DSSAB

If you are applying for Rent-Geared-to Income, all members listed on the application **MUST** supply their **PREVIOUS YEAR'S NOTICE OF ASSESSMENT** with their application.

**THE APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL THE PREVIOUS YEARS NOTICE OF ASSESSMENT IS RECEIVED BY THE Rainy River DSSAB.**

#### Income

	Notice of Assessment (Pages 1-4)
	Ontario Works (OW)
	Ontario Disability Support Program (ODSP)

#### Assets

	Investments, Stocks, Bonds, GIC's, Debentures & Securities/Savings Certificates
	RRSP's Annuities
	Rental Revenue
	Business Assets
	Monies owed to you or other persons listed on application (amounts over \$500)
	Assets transferred within the past 36 months
	Net value of real estate owned
	Saving's Accounts
	Chequing's Account

# District of Rainy River Services Board

## APPLICATION FOR RENTAL ACCOMODATION



450 Scott Street  
 Fort Frances, ON P9A 1H2  
 Phone: (807) 274-5349  
 Toll Free: (800) 265-5349  
 Fax: (807) 274-0678

Rawn Road Centre  
 Atikokan, ON P0T 1C0  
 Phone: (807) 597- 1431  
 Fax: (807) 597-1493

### Select type of Housing

- Market Rent  
 Rent Geared to Income  
 Family  
 Single     Senior

### SECTION 1 – PRIMARY APPLICANT DETAILS

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Social Insurance Number:        /        /	
Last Name:		First Name:	Middle Initial:
Maiden Name/Alias:			
Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Common Law	<input type="checkbox"/> Separated
Date of Birth (DD/MM/YYYY):		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Refugee Claimant			
<input type="checkbox"/> Indigenous/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other			
Address:		Apt/Box No.:	<input type="checkbox"/> <b>No Fixed Address</b>
City:	Province:	Postal Code:	

### Telephone Numbers

Home:	Mobile:	Work:	Can you take personal calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:			
Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No- Where?			

### Alternative Contact Information

Alternative Contact:	Relationship to You:		
Address:	Telephone No.:		
Permission to send mail or discuss application with contact: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Agency Contact Information

Alternative Contact:	Relationship to You:		
Address:	Telephone No.:		
Permission to send mail or discuss application with contact: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is this agency helping you with this application?:  Yes  No

**Present Accommodation**

Home Information:  Own  Co-Own  Rent \$ \_\_\_\_\_  Temporary  Homeless

**Current Landlord Information**

Landlord Name:	
Landlord Address:	City/Town:
Landlord Telephone #:	Move In Date:

**Special Priority/ Special Needs Housing** (This pertains to all members listed on the application)

I am applying for special priority status because I or someone in my household is currently a victim of abuse.

I have lived apart from the abuser for less than 3 months. **Date you moved out:** \_\_\_\_\_

**-If you checked either of the above, please obtain Declaration of Abuse and Confirmation of Abuse Forms-**

I/We require a Modified or Wheel-Chair Accessible Unit:  Yes: Type of Unit: \_\_\_\_\_  No

**If yes, a Medical Verification Form must be completed by your Physician.**

Do you or anyone who plans to live with you require on-site Support Services to manage activities of daily living, in order to live independently?  Yes- List Services required below.  No

Do you require Assisted Living?  Yes  No

Have you been assessed for Assisted Living?  Yes  No (If yes, please provide verification)

**SECTION 2 - CO-APPLICANT DETAILS**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Insurance Number: / /		
Last Name:	First Name:	Middle Initial:	
Maiden Name/Alias:	Relationship to Applicant:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Common Law <input type="checkbox"/> Separated	
Date of Birth (DD/MM/YYYY):	Age Years:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Refugee Claimant <input type="checkbox"/> Indigenous/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other			
Address same as applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No: If No, please give address:			
Address:		Apt/Box No.:	
City:	Province:	Postal Code:	
Telephone Numbers: Home:	Mobile:	Work:	

**SECTION 3 - OTHER MEMBERS:**

	Member 1	Member 2	Member 3	Member 4	Member 5
First/Last Name					
Date of Birth					
Social Insurance #					
Sex					
Income					
Relationship to Applicant					
Student	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4- PREVIOUS TENANCY IN A RENTAL ACCOMMODATION**

**Include attached "Letter of Reference from Previous Landlord" form for all tenancies within the last 5 years. MUST COVER LAST 5 YEARS. When completing the section below, if there are more than 2 tenancies please include them on a separate sheet.**

1. Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tenancy Dates (MM/YY) \_\_\_\_\_ Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tenancy Dates (MM/YY) \_\_\_\_\_ Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Are you willing to pay Market Rent?    Yes No**  
**If, you answered "Yes", skip to Section 7.**

**SECTION 5 – INCOME- Provide the Following:**

Copy of Notice of Assessment. If you are unable to provide this form your application may not be accepted. If you have misplaced your Notice of Assessment please contact Canada Revenue Agency at 1-800-959-8291.

If you are in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP) please provide verification of such.

If your income has changed since your last Notice of Assessment, please submit 3 months of Verification. (Example: Pay stubs, Employment Insurance, Pensions etc.)

**SECTION 6-ASSETS**

Do you or any other person listed on this Application own property (eg. house, farm, land, mobile home, etc.) Yes No

If Yes, indicate type of property, location:

Estimated value of property (an appraisal of the property or most recent tax bill or property assessment must be provided): \$

If there is an outstanding Mortgage on this property, please indicate the amount and provide documentation of balance.                      *Amount of mortgage: \$*

<b>Assets</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Others on Application</b>
Chequing Account			
Savings Account (1)			
Savings Account (2)			
Stocks/Bonds/GIC's, Debentures, and Other securities/saving certificates			
RRSP's, Annuities			
Business Assets ( <i>e.g. partnerships, franchise, self-employment, etc.</i> )			
Assets transferred			
Net value of real estate owned ( <i>e.g. house, cottage, farm, land, etc.</i> )			
Other Assets (specify)			
<b>TOTAL ASSETS:</b>	\$	\$	\$

**SECTIONS 7- PLEASE ANSWER THE FOLLOWING QUESTIONS:**

YES	NO	N/A	CRITERIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Are all household members exempt from an enforceable removal order</b> under the immigration & Refugee Protection Act (Canada)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Are all household members free of rental arrears</b> with respect to a previous tenancy <u>in any housing project under any housing program</u> ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Are all household members free of any conviction by a court of law or findings by an administrative tribunal (Ontario Rental Housing Tribunal) for misrepresenting their income for the purposes of RGI assistance?</b>

**SECTION 8 - HOUSING PREFERENCES**

**BUILDING SELECTION: NEW**

All applicants are allowed one (1) offer from their building selection list. Please select only the buildings that you wish to live in. If an applicant refuses an offer they will be removed from all waiting lists and your application will be cancelled.

*Note: Select unit size based on your family size.*

*These preferences will determine the properties that you are able to select on this application*

**Unit Size:**

Bachelor    1 Bedroom    2 Bedroom    3 Bedroom    4 Bedroom    5 Bedroom

**Geographic Area:** *Please select a geographic area below & make a specific selection on the Building Selection Sheet- Section 9*

Fort Frances    Emo    Rainy River    Atikokan

**Accessibility:**

**I/We require living on a ground floor unit?**  Yes    No  
 -By selecting "Yes" it means you will only be offered a ground floor unit.

**Will a parking space be required?**  Yes    No













**Comments:**

Is an additional child expected (baby, adoption, etc.)?  Yes    No  
 If Yes, Due Date (DD/MM/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_








**\*\* Be advised: You must submit note from a health care professional that indicates your expected due date in order to qualify for an extra bedroom. \*\***

Do all household members reside in present accommodation?  Yes    No  
 If No, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **SECTION 9- BUILDING SELECTION**

<b>Fort Frances</b>								
<b>Building Name/Address</b>	<b>Eligible Applicants</b>	<b>Bachelor</b>	<b>1 Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom</b>	<b>4 Bedroom</b>	<b>5 Bedroom</b>	<b>Selection</b>
<b>Armit Ave North</b> 1000-1026 Armit Ave North P9A 2K1	Family				3 Bedroom Units			<input type="checkbox"/>
<b>FAITH Non-Profit Housing</b> 577 Osborne Street	Family				2,3 Bedroom Units			<input type="checkbox"/>
<b>Fort Frances Municipal Non-Profit Housing Corporation</b> 808 -818 Victoria Ave 811-817 Christie Ave	Family				2,3 Bedroom Units			<input type="checkbox"/>
<b>Fourth Street East</b> 1120-1135 Fourth Street E	Family				2,3,4,5 Bedroom Units			<input type="checkbox"/>
<b>Sixth &amp; Webster</b> 420-428 Sixth Street West 1000-1030 Webster Ave	Family				2,3,4, Bedroom Units			<input type="checkbox"/>
<b>Lady Frances Place</b> 1300 Fifth Street East	Integrated				Bachelor & 1 Bedroom Units			<input type="checkbox"/>
<b>Elizabeth Manor</b> 1301 Elizabeth Street	Cascading 50 +				1 Bedroom Units			<input type="checkbox"/>
<b>River Ridge</b> 1300-B Fifth Street East	Integrated				Bachelor Units			<input type="checkbox"/>
<b>Green Manor</b> 901 Shevlin Ave	Senior 60+				1,2 Bedroom Units -Assisted Living Available-			<input type="checkbox"/>
<b>Rose Manor</b> 923 Sixth Street East	Senior 60+				1 Bedroom Units -Assisted Living Available-			<input type="checkbox"/>
<b>Columbus Place for Seniors</b> 425 Nelson Street	Senior 65+				1,2 Bedroom Units RGI Applicants Only			<input type="checkbox"/>
<b>Flinders Place</b> 851 Colonization Rd West	Senior 65+				1,2 Bedroom Units RGI Applicants Only			<input type="checkbox"/>



Building Name/Address	Eligible Applicants	Number of Bedrooms		Selection
<b>Emo</b>				
<b>Golden Age Manor</b> 182 Front Street	Senior 65+	1,2 Bedroom Units RGI Applicants Only		<input type="checkbox"/>
<b>Queen Street Manor</b> 33 Queen Street	Cascading 50+	1 Bedroom Units		<input type="checkbox"/>
<b>Rainy River</b>				
<b>Heritage House</b> 102 First Street	Integrated	1 Bedroom Units		<input type="checkbox"/>
<b>Riverview Manor</b> 110 Fourth Street	Senior 60+	1, 2 Bedroom Units -Assisted Living Available-		<input type="checkbox"/>
<b>Morely Meadowside Manor</b> Hwy 617, Duffill Street	Senior 65+	1,2 Bedroom Units RGI Applicants Only		<input type="checkbox"/>
<b>Atikokan</b>				
<b>Atikokan Family Housing</b> 100-115 Alder Avenue 117-136 Cedar Crescent 121-127 Hawthorne Rd	Family	3,4 Bedroom Units		<input type="checkbox"/>
<b>Atikokan Native Non-Profit</b> Various Locations	Family	2,3,4 Bedroom Units		<input type="checkbox"/>
<b>Fotheringham Court</b> 418 Steerola Street	Cascading 50+	1 Bedroom Units		<input type="checkbox"/>
<b>Rivercrest Terrace</b> 100 River Road	Senior 65+	1,2 Bedroom Units RGI Applicants Only		<input type="checkbox"/>

## **Section 10- Collection , Use and Disclosure of Personal Information**

The personal information provided within this application is collected by Rainy River District Social Services Administration Board (RRDSSAB) under the authority of the *Housing Services Act, 2011 (HSA)* and is collected for administering a centralized application and waiting list.

*RRDSSAB* will collect, retain and use the personal information provided by you in this form and attachments to verify and monitor:

- Application for housing
- Eligibility for housing
- Rent-geared-to-income assistance
- Other programs under the HSA
- Collection of other monies owing as a result of any previous tenancy
- Third party verification of information supplied
- Special needs or alternative housing
- Other consistent purposes not prohibited by law

I/We consent to RRDSSAB obtaining, disclosing or exchanging my/our personal or other information (including information contained in my/our application file, tenancy file or other files) at any time, from, to or with relevant provincial ministries, other Service Managers under the HSA, housing providers, lead agencies, administrators appointed by the Service Manager and/or organizations providing service to any of them, and any person or officer investigating or enforcing the law, under the HSA, Ontario Disability Support Plan Act, Ontario Works Act, or the Day Nurseries act, landlords, co-applicants, reference persons listed in our application, my/our employer(s), any agencies providing social assistance or services to me/us.

I/We understand and acknowledge that, in addition to the foregoing, RRDSSAB will also collect, use and disclose my personal information as required or permitted by law. I/We also authorize and agree that RRDSSAB may disclose the information provided by me/us to verify it and the contents of my/our application.

### **DECLARATION**

I/we declare that all information given in this application is correct and complete. If something is incorrect or not true, I/we understand that RRDSSAB may cancel my/our application. I/we understand this form and supporting documents become the property of the RRDSSAB.

I/we declare that the following is true:

- There are no enforceable deportation, departure or exclusion orders against any member of this household.
- No member of this household has, within the last two years, been found guilty in a court of law or at the Landlord and Tenant Board of:
  - an offence related to rent-geared-to-income assistance
  - misrepresenting their income in order to receive rent-geared-to-income assistance

I/we understand that only the people I/we have identified as members of this household may live with me/us in housing.

I/we understand that this Application does not constitute an agreement on the part of the RRDSSAB to provide me with rental accommodation.

I/we understand that it is my/our responsibility to inform RRDSSAB of any changes in formation within 30 days of the change (i.e., Change of address, telephone number, family composition, type or amount of income).

I/we agree to provide any supporting material required for my Application within the prescribed timelines.

I/we understand that, to remain eligible to remain on the wait list Social Housing, all members of my/our household must make arrangement to pay back any money owed to any subsidized housing provider in Ontario.

*Personal information contained in this form or its attachments is collected by the RRDSAB pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act, as amended. Information will not be disclosed to any other party, except in accordance with the provision of the Freedom of Information and Privacy Act and the Municipal Freedom of information and Protection of Privacy Act.*

**Signature**

Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Member of Household 16 Years of Age or Older:	Date:
Member of Household 16 Years of Age or Older:	Date:

**Letter of Reference from Previous Landlord**

**(\*\*Complete for all rentals in past five years; additional forms available upon request)**

<b>Five Year History Required</b>	
Landlord Name (please print):	
Street Address:	Apt./Box No.
City/Town:	Postal Code:
Home Telephone No:	Work Telephone No:
<b>Renter History:</b>  _____ was a tenant with _____ at _____ (tenant's address) from (dates) _____ to _____. While _____ was our tenant, s/he had the following tenant history:	
<b>Rent Paying Habits:</b> <input type="checkbox"/> Always on Time <input type="checkbox"/> Sometimes Late <input type="checkbox"/> Often Late <input type="checkbox"/> Consistently in Arrears <input type="checkbox"/> Was Evicted for Rent Arrears	
<b>Housekeeping:</b> The unit was kept in the following condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Messy / Dirty <input type="checkbox"/> Tenant damaged unit and renovations were required	
<b>Social:</b> Frequency of complaints from other tenants: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
<b>Relations:</b> Tenant and Landlord relations were: <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Additional Comments:	
Signature:	Date: