



Atikokan Native Non-Profit Homes Corporation
 450 Scott Street
 Fort Frances, ON P9A 1H2
 Ph: (807) 274-5349 Fax: (807) 274-0678
 Toll Free: 1-800-265-5349

ANNPHC Family Rental Application

The Rainy River District Social Services Administration Board, acting as the agent for the Atikokan Native Non-Profit Homes Corporation

Atikokan Native Non-Profit Homes Corporation units are available by completing the attached housing application. Once the COMPLETED application is received by the Rainy River DSSAB, you will be placed on the Centralized Waiting List and notified when a unit is available.

The following documents must be submitted for each applicant before your application will be processed:

- Previous Year's Income Tax
- Birth Certificate
- Verification of monthly income
- 5 year landlord reference
- Up-to-date Bank Statements or Bank Book (Showing at least 60 days of transactions)

Please refer to the "Applying for Rent-Geared-to-Income Housing" Booklet to ensure your application is complete.

<p>2 BEDROOM HOMES 142 Cedar Crescent 162 Cedar Crescent 200 Alder Avenue</p>	<p>3 BEDROOM HOMES 157 Cedar Crescent 160 Cedar Crescent 170 Cedar Crescent 202 Alder Avenue</p>
<p>3 BEDROOM HOMES 113 Elm Avenue 117A Alder Avenue 208 Alder Avenue 127 Alder Avenue 137 Cedar Crescent 144 Cedar Crescent</p>	<p>4 BEDROOM HOMES 138 Cedar Crescent 146 Cedar Crescent 164 Cedar Crescent 146 Willow Street</p>

PLEASE NOTE: It is your responsibility to inform the Housing Department of any changes to your information. Failure to do so may result in your application being cancelled.

INCOME AND ASSETS VERIFICATION

The following are examples of Income and Assets that **MUST** be declared to the Rainy River DSSAB by each member on the application receiving any type of income.

All members listed on the application **MUST** supply their **PREVIOUS YEAR'S INCOME TAX REPORT** and **ALL** supporting documentation relating to their income with their application.

THE APPLICATION WILL NOT BE CONSIDERED UNTIL PROOF OF INCOME AND THE PREVIOUS YEARS INCOME TAX REPORT IS RECEIVED BY THE Rainy River DSSAB.

Integrated Income

<ul style="list-style-type: none"> ▪ Old Age Security ▪ Federal Guaranteed Income Supplement ▪ Provincial Guaranteed Annual Income System ▪ Canada Pension Plan ▪ Ontario Disability Support Program 	<ul style="list-style-type: none"> ▪ Worker's Compensation - Other Disability Pensions ▪ Old Age Pension - Other Countries ▪ Department of Veterans Affairs Allowance ▪ War Pension - Other Countries ▪ Private Pension
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Family Income

<ul style="list-style-type: none"> ▪ Employment Income ▪ Ontario Works ▪ Family Benefits ▪ Ontario Disability Support Program 	<ul style="list-style-type: none"> ▪ Alimony/Support ▪ Employment Insurance ▪ Other Income
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Assets

<ul style="list-style-type: none"> ▪ Bank, Trust Company, Credit Union Accounts ▪ 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 \$500.00) ▪ Assets transferred within the past 36 months ▪ Net value of real estate owned
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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 and gratuities.
b.	Grants, scholarships or bursary payments.
c.	Self-employment, including an owned business, less itemized business deductions as allowed by Revenue Canada, plus any capital cost allowance used as a deduction.
d.	Employment Insurance Benefits.
e.	Workplace Safety and insurance payments or other industrial accident insurance payments made because of illness or disability.
f.	Pension, allowance, benefit or annuity, whether from federal, provincial or municipal government of Canada or any level of government of any country or state, or from any other source.
g.	Alimony, separation, maintenance or support payments.
h.	Investments, dividends, stock, shares or other securities and where the actual income cannot be determined, an imputed rate of return, as determined by the <i>Rainy River DSSAB</i> .
i.	Savings or chequing accounts, bonds, debentures, term deposits or investments, certificates, mortgages, capital gains, or lump sum payments or other assets.
j.	An imputed income equal to the total appraised value of all assets or investments which do not produce interest income, but are intended to appreciate in value or are given away, all of which must be declared, multiplied by an imputed rate of return, determined by the <i>Rainy River DSSAB</i> from time to time.



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INSTRUCTIONS:

1. Complete all Sections and forward to:
**Atikokan Native Non-Profit Homes Corporation c/o
 Rainy River District Social Services Administration Board
 450 Scott Street
 Fort Frances, ON P9A 1H2**
2. Please print all information in ink.
3. Please attach copies of *Birth Certificates* for all persons, including children, who are applying.
4. If you require help completing this Application, please call **(807) 274-5349 or 1-800-265-5349.**

1A. HOUSING PREFERENCES	
<p>I/We wish to apply for the following: (Families may wish to choose more than one option, depending on the size of your family, eg. If you have 2 children, you may be able to manage in a two bedroom, therefore, would like your Application placed on the 2 and 3 bedroom lists)</p>	
1.1	House size: <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms
1.2	I/We are willing to pay market rent: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Please call the RRDSSAB for information regarding the amount of the present <i>Market Rent</i> . If You Will <u>Not</u> Be Able to Pay the Market Rent, Please Complete Sections 8, 9 & 10, and Attach the Necessary Documentation.

1B. SPECIAL NEEDS HOUSING	
1.1	I/We require a Modified or Wheel-Chair Accessible Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type of unit needed: _____ A Medical Verification Form must be completed by your Physician.
1.2	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: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list Services Required: _____ _____ _____ _____

2A. APPLICANT	
Social Insurance Number: / /	
Last Name:	First Name:
Birth Date (Month/Day/Year):	Title : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Street Address:	Apt./Box No.:
City/Town:	Postal Code:
Home Telephone No.:	Work Telephone No.:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other (please specify):	
2B. 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	
2C. AGENCY CONTACT INFORMATION	
Agency Name:	Worker's Name:
Address:	Telephone No.:
Permission to send mail or discuss your application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this agency helping you with this application?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. CO-APPLICANT (husband/wife or common-law spouse)	
Social Insurance Number: / /	
Last Name:	First Name:
Birth Date (Month/Day/Year):	Title : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Relationship to Applicant:	
Address same as applicant's: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give address:	
City/Town:	Postal Code:
Home Telephone No.:	Work Telephone No.:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other (please specify):	

4. OTHER PERSONS APPLYING (in addition to applicant and co-applicant)

Last Name	First Name	Date of Birth (Month/Day/Year)	Sex	Relationship	Income
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

5. PRESENT LOCATION OF OTHER PERSONS APPLYING

Does everyone listed above live in present accommodation? Yes No If No, please give address.
(NOTE: Only list those who will be residing in the housing unit with you once housed):

- 1.
- 2.
- 3.
- 4.
- 5.

6. PREVIOUS TENANCY IN A RENTAL ACCOMMODATION

Present Landlord: Landlord's Name: Landlord's Phone No.: Move IN Date:	Do you or anyone in the household 16 years of age or older presently live in non-profit or subsidized housing: In Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No In Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Former Landlord: Former Landlord's Telephone No: Moved IN Date: Moved OUT Date:	If Yes, please state address: Have you or anyone in the household 16 years of age or older presently lived in non-profit or subsidized housing:
Former Landlord: Former Landlord's Telephone No: Moved IN Date: Moved OUT Date:	In Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No In Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Former Landlord: Former Landlord's Telephone No: Moved IN Date: Moved OUT Date:	Former Address: Name of Provider: What date did you move out? Why did you move out?

IF YOU ARE APPLYING FOR MARKET RENT, SKIP TO SECTION 13.**7. GROSS MONTHLY INCOME**

Statement of monthly income, before deductions, received by all persons/family members to live in the accommodation. **See Page 2 for list of types of income & assets you must declare.**
 Photocopies of **all** cheques, bank accounts, investments, etc. must be provided as per the attached instructions. *** If you don't have verification of PENSIONS call Income Security Office at 1-800-277-9914.**

GROSS MONTHLY INCOME

Statement of Income	Applicant	Co-Applicant	Others on Application
Old Age Security (OAS) * attach bank record or last cheque stub	\$	\$	\$
Federal Guaranteed Income Supplement (GIS) * attach bank record or last cheque stub	\$	\$	\$
Provincial Guaranteed Annual Income System (GAINS) * attach bank record or last cheque stub	\$	\$	\$
Canada Pension Plan (CPP) * attach bank record or last cheque stub	\$	\$	\$
Old Age Pension - Other Countries * attach bank record or last cheque stub	\$	\$	\$
Worker's Compensation Other Disability Pensions * attach most recent cheque stub	\$	\$	\$
Department of Veterans Affairs Allowance * attach bank record or last cheque stub	\$	\$	\$
War Pension - Other Countries * attach bank record or last cheque stub	\$	\$	\$
Private Pensions (specify): _____ *attach bank record or last cheque stub	\$	\$	\$
Employment Income (salary, overtime, bonuses, commissions, etc.) * attach last 8 weeks of cheque stubs	\$	\$	\$
Ontario Works/Ontario Disability Support Program * attach most recent cheque stub and drug card	\$	\$	\$
Alimony/Support * attach supporting legal documents	\$	\$	\$
Employment Insurance * attach most recent cheque stub	\$	\$	\$
Other Income (specify): _____	\$	\$	\$
TOTAL	\$	\$	\$

8. 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:* \$

Have you, or any other person listed on this Application, transferred assets? (eg. home, cottage)

Yes No

If Yes, indicate *amount:* \$

If Yes, indicate *transfer date:*

9. STATEMENT OF ASSETS**STATEMENT OF ASSETS**

Statement of Income	Applicant	Co-Applicant	Others on Application
Bank, Trust Company, Credit Union; and Other Accounts (savings and chequing)	\$	\$	\$
Stocks, Bonds, GIC's, Debentures; and Other securities/saving certificates	\$	\$	\$
RRSP's, Annuities	\$	\$	\$
Rental Revenue	\$	\$	\$
Business Assets (eg. partnerships, franchise, self-employment, etc.)	\$	\$	\$
Monies owed to you or other persons listed on the <i>Application</i> (amounts over \$500)	\$	\$	\$
Assets transferred (see Section 8)	\$	\$	\$
Net value of real estate owned (eg. house, cottage, farm, land, etc.)	\$	\$	\$
Other Assets (specify): _____	\$	\$	\$
TOTAL ASSETS	\$	\$	\$
TOTAL INCOME (Sum of Sections 7, 8 & 9)	\$	\$	\$

10. MATERNAL STATUS

Is a baby expected ? Yes No

I/We have a child/children in the custody of a children's Aid Society because we do not have suitable housing. **If you check this box, please attach letter from CAS.**

11. SPECIAL PRIORITY STATUS

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.

If you checked above, please specify **date moved out:** _____

If you checked either of the above, please obtain *Declaration of Abuse and Confirmation of Abuse forms.*

12. ADDITIONAL QUESTIONS

Yes No **Are all Household members exempt from an enforceable removal order** under the Immigration & Refugee Protection Act (Canada)?

Yes No **Are all household members free of rental arrears** with respect to a previous tenancy in any housing project under any housing program.

Yes No **Are all household members free of any conviction by a court of law or findings by an administrative tribunal (Landlord and Tenant Board) for misrepresenting their income for the purposes of RGI assistance within the last 2 years?**

13. 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 *Social Housing Reform Act, 2000* 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 SHRA
- 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 SHRA, 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 SHRA, 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 20 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 for rent-geared-to-income 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 RRDSSAB 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 Year of Age or Older:	Date:

Letter of Reference from Previous Landlord

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

Five Year History Required	
Landlord Name (please print):	
Street Address:	Apt./Box No.
City/Town:	Postal Code:
Home Telephone No:	Work Telephone No:
Renter History: _____ was a tenant with _____ at _____ (tenant's address) from (dates) _____ to _____. While _____ was our tenant, s/he had the following tenant history:	
Rent Paying Habits: <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	
Housekeeping: 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	
Social: Frequency of complaints from other tenants: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
Relations: Tenant and Landlord relations were: <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Additional Comments:	
Signature:	Date: