



## Application for Social Housing in the District of Nipissing

### Instructions

- Please print clearly and in ink.
- Read & sign the 'Release' and the 'Consent and Declaration' forms on Page 5, 6 & 7.
- Your application can be submitted in person, by mail, fax, or email.

Date stamp

Return the application to:

District of Nipissing Social Services Administration Board  
Housing Programs Department  
200 McIntyre St East  
North Bay, ON P1B 8V6

Phone: 705-474-2151 x3742  
Fax: 705-472-4171  
Email:  
housingaccess@dnssab.ca

### Information for applicants

Please indicate whether you are applying for rent-geared-to-income (subsidized) and/or market (full rent) units:

Rent-geared-to-income

You must complete all sections of the application and include all requested supporting documents.

Market Rent

You do not need to complete sections D, E, F and I if you are applying for market rent units only.

To be eligible for housing, you must meet the following conditions:

- at least one person in your household must be 16 years of age or older (non-senior applicants to seniors housing projects must be spouses of a senior applicant 65 years of age or older on the same application); **AND**,
- you must be able to live independently, or make your own arrangements for support services.

In addition, to be eligible for rent-geared-to-income housing you must meet all of the following conditions:

- each member of the applicant household must be a Canadian Citizen, Landed Immigrant, refugee claimant; **AND**
- no household member owes money to any social housing provider in Ontario; **AND**
- if you own a house, you must agree to sell it within 180 days of being housed; **AND**
- any changes to the information provided must be updated within 30 days, **AND**
- you will be required to complete an eligibility review form every year, **AND**
- your income must fall below the **Household Income Limits (HIL's)** as per O. Reg 370/11 for the size of unit your household is eligible for per the maximum gross income table below (**note: income limits will vary from one provider to another**):

1 Bedroom unit	2 Bedroom Unit	3 Bedroom Unit	4 Bedroom Unit
\$34,000	\$40,500	\$45,000	\$59,500



**Tell us immediately if you move or if your telephone number changes.**



If we are unable to contact you, housing providers will be unable to offer you housing, and may result in the cancellation of an application

### Part A: Primary Applicant Information

Applicant's last name		Applicant's first name	
Date of Birth (MM/DD/YYYY)	Social Insurance Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Preferred pronouns: _____	Marital Status
Indicate your status in Canada <b>(Attach proof with your application)</b> i.e. Birth certificate, statement of live birth, Canadian Citizenship card, valid Passport etc.		<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Sponsored
		<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Applied for Residency
			<input type="checkbox"/> Refugee/Refugee Claimant
Spoken Language(s) <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (please specify): _____		Preferred Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

#### Current address:

Apartment number	Street address	P.O. Box
City/Town	Province	Postal code

#### Mailing address if different from current address:

Apartment number	Street address	P.O. Box
City/Town	Province	Postal code

**Contact numbers \*\*\*\*Calls to offer housing are made during office hours. Please ensure that you can be reached during the day.**

Home #	Cell #	Work #
E-mail address (if available)	Other person to contact	Other person to contact telephone number

**Part B: Co-Applicant Information (if applicable – i.e.: spouse etc.)**

Co-applicant's Last Name		Co-applicant's First Name		Relationship to applicant	
Date of Birth (MM/DD/YYYY)		Social Insurance Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Preferred pronouns:	
Marital Status		<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Sponsored	
<input type="checkbox"/> Landed Immigrant		<input type="checkbox"/> Applied for Residency		<input type="checkbox"/> Refugee/Refugee Claimant	
Indicate your status in Canada <b>(Attach proof with your application)</b> i.e. Birth certificate, statement of live birth, Canadian Citizenship card, valid Passport etc					

**Current address (if different from primary applicant):**

Apartment number		Street address		P.O. Box	
City/Town		Province		Postal code	

**Co-applicant contact numbers (if different from primary applicant)**

Home #		Cell #	
Work #		E-mail address (if available)	

**Part C: Other Household Members to Reside in Accommodations applied for (i.e. children)**

**\*\*Attach proof of their status in Canada-i.e. Birth Certificate, statement of live birth, Canadian Citizenship card, valid Passport etc.\*\***

Last Name	First Name	Gender Male/Female/Other	DOB mm/dd/yyyy	Relationship to applicant	Status in Canada	Office Use
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O				<input type="checkbox"/>

**Do all the household members listed above currently reside with you?** Yes No, please explain: \_\_\_\_\_

**Is a baby expected?** Yes No **If yes, date expected:** \_\_\_\_\_

**\*\*Note:** We are not able to assign bedrooms for unborn children-you must update your file at birth.

**Important! Please read!**

**The following items must be submitted in order for your application to be deemed complete and for you to be placed on the waiting lists (incomplete applications will not be placed on the waiting lists):**

Use this checklist to make sure you have attached all the required documents.

		RGI	MKT
<input type="checkbox"/> Proper ID	Proper ID and/or citizenship/immigration papers for every household member	✓	✓
<input type="checkbox"/> Signed Consent	Signed Release and Consent for all members over the age of 18 (page 5 and 6)	✓	✓
<input type="checkbox"/> Proof of Income	Documents to verify income/assets for every household member	✓	N/A
<input type="checkbox"/> Proof of Custody	Custody agreements/documentation if children are on the application	✓	N/A
<input type="checkbox"/> Building Selections	Completed building selections form	✓	✓

**Part D:Gross Monthly Income (to be completed by rent-geared-to-income applicants only)**

**\*All persons on your housing application who have income (including children) must attach proof of all income sources. \*\*Applicants and/or tenants who knowingly misrepresent their income/assets will be ineligible for RGI and may be subject to fines and/or criminal charges.**

Source	Applicant	Co-Applicant	Other	Proof	Office use only:
Employment- Full-time or part-time	\$	\$	\$	Last 8 weeks of pay stubs or Employer Verification	
Employment- Self employment	\$	\$	\$	Audited financial statements or tax return	
Employment Insurance Benefits (EI)	\$	\$	\$	Most Recent Statement or bank book showing direct dep.	
Ontario Works	\$	\$	\$	Notice of assistance stub & drug benefits card	
ODSP	\$	\$	\$	Notice of assistance stub & drug benefits card	
Other Disabilities Pension – Specify:	\$	\$	\$	Most recent stub, tax return or bank book statement	
Workplace Safety and Insurance Board Pension	\$	\$	\$	Most recent stub, tax return or bank book statement	

**Part D: Gross Monthly Income (to be completed by rent-geared-to-income applicants only)**

**\*All persons on your housing application who have income (including children) must attach proof of all income sources. \*\*Applicants and/or tenants who knowingly misrepresent their income/assets will be ineligible for RGI and may be subject to fines and/or criminal charges.**

Source	Applicant	Co-Applicant	Other	Proof	Office use only:
Canada Pension Plan (CPP)	\$	\$	\$	Stub, tax return, bank book or statement	
Old Age Security and Supplement (OAS)	\$	\$	\$	Stub, tax return, bank book or statement	
Guaranteed Annual Income Supplement – Provincial (GAINS)	\$	\$	\$	Stub, tax return, bank book or statement	
Private Pension – Specify:	\$	\$	\$	Stub, tax return, bank book or statement	
Pension from other Countries	\$	\$	\$	Stub, tax return, bank book or statement	
War Veteran’s Allowance (DVA)	\$	\$	\$	Stub, tax return, bank book or statement	
Child Support/Alimony	\$	\$	\$	Support agreement or court order, sworn affidavit	
Band Allowance	\$	\$	\$	Statement indicating amount and duration of program	
OSAP/Study Grants/Training Allowance	\$	\$	\$	Statement indicating amount and duration of program	
Other Pension – Specify:	\$	\$	\$	Bank Record or Last Cheque	
Other Income – Specify:	\$	\$	\$	Bank Record or Last Cheque	
<b>Total Gross Monthly Income:</b>	\$	\$	\$		

**Part E: Income Producing Assets (to be completed by rent-geared-to-income applicants only)**

Balance of accounts/investments	Applicant	Co-Applicant	Other	Proof	Office use only:
Savings Account Balance	\$	\$	\$	Passbook/monthly statement, T5 slips, bank letter	
Chequing Account Balance	\$	\$	\$	Passbook/monthly statement, T5 slips, bank letter	
Bonds/GIC/Term Deposit/RRSPs/ RIFs/TFSA	\$	\$	\$	Financial institution letter	
Annuities/Shares/Stocks/Mutual Funds/Debentures	\$	\$	\$	Cheque stub, T5 or annual statement	
Rent Revenue	\$	\$	\$	Tax Return	
Life Insurance Policies (Interest earned and value)	\$	\$	\$	Current cash surrender value & accumulated dividends	
Other- Specify:	\$	\$	\$		

**Part F: Non-Income Producing Assets (to be completed by rent-geared-to-income applicants only)**

**\*NOTE: If you own a house, you must agree to sell it within 180 days of being housed in a rent-geared-to-income unit.\***

Property owned: (If appraised value is not known, indicate approximate value)	Applicant	Co-Applicant	Other	Proof	Office use only:
Cash or non-interest bearing accounts	\$	\$	\$	Confirmation of annual average, typical mthly balance	
House	\$	\$	\$	MPAC Current Value Assessment, Property tax bill	
Cottage/Camp	\$	\$	\$	MPAC Current Value Assessment, Property tax bill	
Vacant Property	\$	\$	\$	Confirmation of appraised value and mortgage	
Less: Amount of Mortgage Outstanding	\$	\$	\$	Mortgage statement	
Business Assets (Partnership, etc.)	\$	\$	\$	Business tax return	
Monies Owed to You (Amounts over \$500)	\$	\$	\$	Affidavit of moneys owed or signed letter/agreement	
Paid-Up Life Insurance	\$	\$	\$	Annual statement	
Other – Specify:	\$	\$	\$		

**Part G: Housing History \*\*Any misrepresentation of your housing history may lead to the cancellation of your application\*\***

Does anyone listed on this application live, or have they ever lived, in non-profit, co-op, or social housing in Ontario in either subsidized or market rent accommodations?  Yes  No

**If ‘yes’ please provide:**

Name(s) of person(s) who live(d) there: \_\_\_\_\_

Name of non-profit, co-op, or public housing provider: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

**Part G: Housing History (continued)**

Does any person on this application owe money to any non-profit, co-op, or social housing provider?  Yes  No

If yes, what is the amount owing? \_\_\_\_\_ Do you have a repayment plan?  Yes  No

Are you or any of the co-applicants currently a tenant of subsidized housing in Ontario?  Yes  No

If 'yes', why are you applying to another subsidized housing unit?

Reason: \_\_\_\_\_  
 \_\_\_\_\_

Within the last 2 years, have you or anyone in your household been convicted of an offence related to rent-geared-to-income housing under Section 55 of the Housing Services Act, 2011 or Section 85 of the former Social Housing Reform Act or a crime under the Criminal Code of Canada in relation to rent-geared-to-income assistance?

Yes  No

**Part H: Housing Preferences**

I am able to live independently:  Yes  No

Does anyone in your household require support services in order to live independently?  Yes  No

If yes, please specify what type of support service(s) that are required and how they are provided:

\_\_\_\_\_  
 \_\_\_\_\_

Do you or any member of your household have special housing needs due to a serious health reason or disability?  Yes  No

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Do you or any member of your household require any of the following?

A fully wheelchair accessible unit with low counters/switches? (may not be available at most locations)  Yes  No

Are you currently in a wheelchair?  Yes  No Are you able to stand and maneuver without a wheelchair?  Yes  No

Please specify any accessibility needs you have: \_\_\_\_\_  
 \_\_\_\_\_

No Carpeting (not available at all locations)  No Stairs (not available at all locations)  Main (1<sup>st</sup>) floor only  
 Other \_\_\_\_\_

Do you own a vehicle?  Yes  No Do you require parking? (do not select yes for visitor parking)  Yes  No

Please exclude me from offers where parking is unavailable:  Yes  No

Do you have pets?  Yes  No What kind and how many? \_\_\_\_\_

**Part I: Rent-geared-to-income Priorities (priorities are not assigned for market rent waiting lists)**

You may be assigned a Special Priority Status or an Urgent Priority Status on the rent-geared-to-income housing waiting lists if any of the following circumstances apply to you:

**Special Priority Status:** You or someone else listed on this application is currently a victim of domestic abuse from someone residing in your household (you must complete the 'Request for Special Priority Form' and provide a verification of abuse letter from a qualified professional i.e. social worker, health professional, counselor, etc. and submit proof of cohabitation.)

Please provide **safe contact information** if you would like us to send you the necessary forms to apply for Special Priority:

Apartment number	Address	P.O. Box
City/Town	Province	Postal code
Home #	Cell #	Work #
E-mail address (if available)	Other number where you can be reached	Other person to contact & telephone number

**Urgent Priority Status:** You have recently lost your accommodations due to fire/natural disaster or it has been condemned and you are a 'high need' income household (you must complete the 'Urgent Priority Status Application Form' and provide official documentation that verifies your housing situation).

**We do not currently have any other priorities on our housing waiting lists. We do not have a medical or a homeless priority. If you are homeless or at risk of becoming homeless, you should contact your local shelter for assistance:**

Crisis Centre North Bay	705-474-1031
Nipissing Transition House	705-476-2429
Horizon Women's Centre	705-753-1154
Ojibway Women's Lodge	705-472-3321
Mattawa Family Resource Centre	705-744-5567

**Part J: Release and Consent – To be signed by all applicants**

**PLEASE NOTE:** All members of the household who are 18 years of age and older (or 16 if you are the primary applicant) must sign both the ‘Consent’ and ‘Declaration’ portions of this application Page 5 and Page 6. Your application will be returned to you if all of the required signatures are not obtained.

**Consent to Collect, Use and Disclose Personal Information**

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).

Personal information does not include the name, title, business address or telephone number of an employee of an organization.

The District of Nipissing Social Services Administration Board will collect, retain and use 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 and its attachments relating to the administration and processing of your application for tenancy;
- meeting legal and regulatory requirements arising out of or relating to your application;
- for the use of the District of Nipissing Social Services Administration Board auditor to verify our records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;
- to a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of the District of Nipissing Social Services Administration Board.

The District of Nipissing 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 any government department responsible for social housing programs under the *Housing Services Act, 2011*, or the District of Nipissing Social Services Administration Board operating agreement;
- to the Government of Canada, a department, ministry or agency of it, without further notice to me 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 Nipissing Social Services Administration Board for the purposes of complying with the *Housing Services Act, 2011*;
- to relevant agencies or next of kin in case of emergency.

I authorize and agree that the District of Nipissing Social Services Administration Board may collect, use and disclose the personal information that I have provided in this form and its attachments as described above. I understand and acknowledge that, in addition to the foregoing, the District of Nipissing Social Services Administration Board will also collect, use and disclose my personal information as required or permitted by law.

_____ Signature of applicant (or person authorized to sign on their behalf)	_____ Date signed
_____ Signature of co-applicant (or person authorized to sign on their behalf)	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed

Personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act (2011) and the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56). This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.

**Part J: Release and Consent (continued) – To be signed by all applicants**

**PLEASE NOTE: All members of the household who are 18 years of age (or 16 if you are the primary applicant) and older must sign both the ‘Consent’ and ‘Declaration’ portions of this application Page 5 and Page 6. Your application will be returned to you if all of the required signatures are not obtained.**

**Declaration**

I declare that all information given in this application is correct and complete. I agree that the application and any supporting documents become the property of the District of Nipissing Social Services Administration Board and copies of the application and supporting documents may be given to housing providers that I have selected for placement in locations where I prefer to live.

I agree to provide any supporting material as may be required.

I understand and agree that if accommodation is provided to me, the unit will be occupied by me and the person(s) listed on this application.

Personal information collected by the District of Nipissing Social Services Administration Board, pursuant to the Housing Services Act 2011, will be used to determine eligibility for housing applied for, placement on the waiting list and to determine my housing subsidy.

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give consent:

- to verify information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the District of Nipissing Social Services Administration Board;
- to verify any supporting documents as required for my application;
- to disclose the information given on this form to non- profit housing corporations, co-operatives, municipal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and person(s) listed in this application.

Personal information contained in this form or in attachments is collected by the District of Nipissing Social Services Administration Board pursuant to the *Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.F.31)* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)*.

Questions about this collection should be directed to the Co-Ordinated Access Administrator of the District of Nipissing Social Services Administration Board.

I am responsible for reporting to the District of Nipissing Social Services Administration Board any changes in the following within 30 business days:

- the number of people who live with me
- our total income
- address and phone number
- housing needs

I understand that if I owe money to *any* social housing provider covered under the Housing Services Act 2011 in the province and I have not made arrangements for repayment, I may not be eligible for housing.

I understand that this application is not an agreement on the part of the District of Nipissing Social Services Administration Board or its agent to provide me with rental accommodation.

_____ Signature of applicant (or person authorized to sign on their behalf)	_____ Date signed
_____ Signature of co-applicant (or person authorized to sign on their behalf)	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed
_____ Signature of additional household member 18 or older	_____ Date signed

Personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act (2011) and the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56). This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.

**DNSSAB Integrated Services Consent Form****I, We**

\_\_\_\_\_  
 Full name of Applicant/Recipient or person applying  
 on behalf of applicant/recipient

\_\_\_\_\_  
 Date of Birth (Day-Month-Year)

**and**

\_\_\_\_\_  
 Full name of spouse/partner/trustee, if  
 applicable

\_\_\_\_\_  
 Full name of dependent adult, if applicable

Consent to the collection, use and disclosure of my/our information to and between authorized representatives of the District of Nipissing Social Services Administration Board (DNSSAB), applicable Ministries, the Government of Canada, the Government of any province or territory of Canada, or any agency, ministry or department of any of the foregoing for the purpose of determining and verifying my/our initial and/or ongoing eligibility for assistance under the Ontario Works Act, Social Housing Reform Act, Child Care and Early Years Act as well as existing and subsequent programs managed by the DNSSAB in accordance with the DSSAB (District Social Services Administration Board) Act.

Without restricting the generality of the consent above, I/we specifically consent to the collection, use and disclosure of information relating to any bank account, safety deposit box, assets of any nature or kind whatsoever held by me/us or on my/our behalf or on behalf of my spouse/partner, and any of my/our dependents or child(ren) temporarily in my/our care, alone or jointly with any other person, in any financial institution, for the purpose of determining entitlement to the benefits described above, and

**I/We Further Consent** to an authorized representative of the DNSSAB disclosing to any 3<sup>rd</sup> party, personal information about me/us, my spouse/partner (where my spouse/partner has joined in this consent), any of my/our dependent child(ren) temporarily in my care, if required for the purpose of determining or administering my/our initial or ongoing eligibility for any program under the Acts noted above or programs managed by the DNSSAB, and

**I/We Understand** that this consent will apply to inquiries made relating to my/our initial eligibility as well as my/our past and ongoing receipt of any of the programs under the Acts noted above or programs managed by the DNSSAB. I further understand that the inquiries may take the form of electronic data exchanges.

**I/We Further Consent** to receiving communications from the DNSSAB as it relates to existing and subsequent programs managed by the DNSSAB. This may include but is not limited to printed materials, mail, phone calls, but will also include emails, SMS, and any other form of electronic communication to such mailing addresses, email addresses and/or contact or phone numbers as provided by the applicant/recipient.

**I/We Understand** that an applicant/recipient's personal and confidential information as noted above will only be collected, used and disclosed in accordance with DNSSAB's policies, including its Confidentiality Policy, and applicable legislation and only for the limited purposes identified in this consent.

**I/We Hereby Acknowledge** that I/we have read this consent or it has been read to me/us by an authorized representative of the DNSSAB and that I/we understand the consent as set out above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Applicant Name (printed)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Spouse/Partner/Trustee Name (printed)

\_\_\_\_\_  
 Signature of Spouse/Partner/Trustee

\_\_\_\_\_  
 Dependent Adult Name (printed)

\_\_\_\_\_  
 Signature of Dependent Adult

----- **For Internal Use Only** -----

Form Initiated by: \_\_\_\_\_  
 Staff Name (printed)

\_\_\_\_\_  
 Department

**Part K: Building Selections**

**Tenant Type Accepted:**

**SI**-single individuals  
**S**-seniors  
**F**-family  
**M**-mixed (singles/families/seniors)

**Building Type:**

**APT** -apartment building      **SM** -semi-detached house  
**TH** -townhouse                      **SA** -stacked apartments  
**BG** -bungalow                        **ST** -stacked townhouses  
**SH** -single house

elevator	some barrier free units w/bedroom size	parking available (spaces may be limited)	pet friendly
unit or complex has stairs	smoke free building	parking not available at this location	pet free building

The size of unit (number of bedrooms) that you ask to move into must fall within the local occupancy standards for rent-gear-to-income assistance for our district:

- Single individuals or couples only qualify for a one bedroom unit.
- Children of the same gender who are within 5 years of age are expected to share a bedroom i.e. two girls aged 3 and 7 would be expected to share a room.
- We cannot assign bedrooms for unborn children; if you are expecting you must update your application once the child is born and we will determine if you qualify for an additional bedroom at that time.

Additional bedrooms may be requested in writing if they are needed to accommodate a medically documented disability or condition (supporting document from a qualified individual will be required). Please request the 'Medical Request for Additional Bedroom Form'.

\*\*\*If you select locations for which you are not eligible, your name will not be placed on those waiting lists\*\*\*

**Senior Housing**

\*You must be aged 65 or older in order to apply for and be eligible for senior housing.

Senior Building Selections								Number of Bedrooms ✓ to select choices check ONLY white boxes	
Building Name/Address <small>(See Page 11 for additional units through the rent supplement program)</small>	Tenant Type	Building Type		Indicated with the bedroom size offered			Select if you are applying for RGI and/or Market	A shaded box indicates option not available	
								1 bedroom	2 bedroom
<b>North Bay</b>									
Golden Age Towers 135 Worthington Street West	S	APT					<input type="checkbox"/> RGI only		
Place St-Vincent 250 Victoria Street East	S	APT		1&2			<input type="checkbox"/> RGI only		
St-Joseph On The Lake 2025 Main Street West	S	APT					<input type="checkbox"/> RGI only		
Castle Arms I, II, III 440, 480, 520 Olive Street	S	APT		1			<input type="checkbox"/> RGI <input type="checkbox"/> Market		
Castle Arms IV 350 Olive Street	S	APT		1			<input type="checkbox"/> Market only		
<b>Mattawa</b>									
Rockhaven Apartments 465 Poplar Street	S	BG	One level				<input type="checkbox"/> RGI only		
Castle Arms Mattawa 940 McKenzie Street	S	BG	N/A	1			<input type="checkbox"/> RGI <input type="checkbox"/> Market		
<b>Sturgeon Falls</b>									
Villa des Pignons 709 Coursol Road	S	APT		1			<input type="checkbox"/> RGI <input type="checkbox"/> Market		
Domaine Leclair 711 Coursol Road	S	APT		1			<input type="checkbox"/> RGI <input type="checkbox"/> Market		
Villa Aubin 145 Holditch Street	S	APT					<input type="checkbox"/> RGI only		
Résidences Mutuelles 140 Parker Street	S	APT		1&2			<input type="checkbox"/> RGI <input type="checkbox"/> Market		
<b>Temagami</b>									
Ronnoco House 5 Bayview Lane	S	APT		1			<input type="checkbox"/> RGI <input type="checkbox"/> Market		



## Singles/Adult Housing

\*\*Singles all ages, including seniors, and couples without children are eligible for one bedroom units.

<b>Singles Building Selections</b>								<input checked="" type="checkbox"/> A shaded box indicates option not available	Number of Bedrooms ✓ to select choices check <b>ONLY white boxes</b>
<b>Building Name/Address</b>  (See Page 11 for additional units through the rent supplement program)	<b>Tenant Type</b>	<b>Building Type</b>	 	 Indicated with the bedroom size offered	 	 	Select if you are applying for RGI and/or Market	1 bedroom	
<b>North Bay-Downtown Core</b>									
Triple Link Centre 480 Fisher Street	M	APT	 				<input type="checkbox"/> RGI only		
<b>North Bay-Ferris Area</b>									
Trillium Terrace 70 Marshall Avenue East	M	APT	 				<input type="checkbox"/> RGI <input type="checkbox"/> Market		
Edgewater Apartments 365 Lakeshore Drive	S/S	APT	 				<input type="checkbox"/> RGI only		
Emmanuel Village Non-Profit 385 Lakeshore Drive	M	APT	 				<input type="checkbox"/> RGI only		
Westwinds Village 122 Massey Drive	M	SA					<input type="checkbox"/> RGI <input type="checkbox"/> Market		
Niska Non-Profit Homes Inc. 135 Marshall Avenue East	F	SA	N/A				<input type="checkbox"/> RGI only		
<b>North Bay-Pinewood Area</b>									
Westwinds Heights 200 Oakwood Avenue	M	TH	N/A				<input type="checkbox"/> RGI <input type="checkbox"/> Market		
<b>Field</b>									
Le Foyer Prieur 24 Grand Allee	S/S	BG	N/A				<input type="checkbox"/> RGI only		
<b>Mattawa</b>									
Rockhaven Apartments 445 Poplar Street	S/S	APT					<input type="checkbox"/> RGI only		
<b>Sturgeon Falls</b>									
Bellevue Apartments 19 William Street	S/S	APT					<input type="checkbox"/> RGI only		
<b>Temagami</b>									
Minawassi 11 Bayview Lane	M	APT					<input type="checkbox"/> RGI <input type="checkbox"/> Market		
<b>Verner</b>									
Villa du Bonheur 70 Principale Street East	S/S	BG					<input type="checkbox"/> RGI only		

## Family Housing

<b>Family Building Selections</b>								<input type="checkbox"/> A shaded box indicates option not available		Number of Bedrooms ✓ to select choices check ONLY <u>white</u> boxes			
<b>Building Name/Address</b>  (See Page 11 for additional units through the rent supplement program)	Tenant Type	Building Type	 	 Indicated with the bedroom size offered	 	 	Select if you are applying for RGI and/or Market	2 bedroom	3 bedroom	4 bedroom	5 bedroom		
<b>North Bay-Downtown Core</b>													
Triple Link Centre 480 Fisher Street	M	APT					<input type="checkbox"/> RGI only						
Single House 1618 Wyld Street	M	SH					<input type="checkbox"/> Market only						
<b>North Bay-Ferris Area</b>													
Trillium Terrace 70 Marshall Avenue East	M	APT					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Trillium Terrace Mulligan Street	F	TH					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Single Homes Huron, Tweedsmuir Streets	F	SH					<input type="checkbox"/> RGI only						
Townhouses Manitou/ Mulligan	F	TH					<input type="checkbox"/> RGI only						
Semi Detached Homes Ryan, Karla	F	SM					<input type="checkbox"/> RGI only						
Emmanuel Village Non-Profit Homes 385 Lakeshore Drive	M	APT					<input type="checkbox"/> RGI only						
Westwinds Village 122 Massey Drive	M	SA					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Birchcrest Thelma Avenue	F	TH					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Niska Non-Profit Homes Inc. 135 Marshall Avenue East	F	SA					<input type="checkbox"/> RGI only						
NDHC #2 850 Lakeshore Drive	F	TH					<input type="checkbox"/> Market only						
NDHC 14 Prince Edward Drive	F	SH	N/A				<input type="checkbox"/> Market only						
NDHC 8 David Street	F	SH					<input type="checkbox"/> Market only						
NDHC 18 & 30 Karla Drive	F	SH					<input type="checkbox"/> Market only						
NDHC 5 & 11 Ryan Avenue	F	SM					<input type="checkbox"/> Market only						
NDHC 47 Gladstone Avenue	F	SH	N/A				<input type="checkbox"/> Market only						
Anne Marie Meadows 866 Lakeshore Drive	F	TH					<input type="checkbox"/> Market only						
<b>North Bay-McKeown Area</b>													
Maplecrest I 555 McNamara Street	F	TH					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Maplecrest II 545 McNamara Street	F	ST					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
<b>North Bay-Pinewood Area</b>													
Single Houses Burns	F	SH					<input type="checkbox"/> RGI only						
Semi Detached Houses Jane, Diefenbaker, St.Laurent	F	SM					<input type="checkbox"/> RGI only						

## Family Housing







































Family Building Selections								<input checked="" type="checkbox"/> A shaded box indicates option not available		Number of Bedrooms ✓ to select choices check ONLY <u>white</u> boxes			
Building Name/Address  (See Page 11 for additional units through the rent supplement program)	Tenant Type	Building Type	 	 Indicated with the bedroom size offered	 	 	Select if you are applying for RGI and/or Market <input type="checkbox"/> RGI <input type="checkbox"/> Market	2 bedroom	3 bedroom	4 bedroom	5 bedroom		
<b>North Bay-Pinewood Area Con't...</b>													
Single Houses Phillip, Reynolds	F	SH					<input type="checkbox"/> RGI only						
Westwinds Apartments 280 Oakwood Avenue	M	APT		2/3			<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Westwinds Heights 200 Oakwood Avenue	M	SA					<input type="checkbox"/> RGI <input type="checkbox"/> Market						
Nipissing Condo #4 Gormanville Road	F	SM					<input type="checkbox"/> Market only						
<b>North Bay-Ski Club Road Area</b>													
Cedarcrest 111 Carruthers Street	F	TH		3			<input type="checkbox"/> RGI <input type="checkbox"/> Market						
<b>Mattawa</b>													
Townhouses Mattawan Street	F	TH					<input type="checkbox"/> RGI only						
Townhouses Park Street	F	TH					<input type="checkbox"/> RGI only						
<b>Sturgeon Falls</b>													
Townhouses Allain Court	F	TH		2&3			<input type="checkbox"/> RGI only						
Townhouses Demers Street	F	TH					<input type="checkbox"/> RGI only						
Semi Detached Houses Clark Street	F	SM					<input type="checkbox"/> RGI only						
<b>Sturgeon Falls con't....</b>													
Semi Detached Houses Russell Street	F	SM					<input type="checkbox"/> RGI only						
Semi Detached Houses Chateau Terrace	F	SM					<input type="checkbox"/> RGI only						
Single Houses Roy Street	F	SH					<input type="checkbox"/> RGI only						
Single Houses Mageau Street	F	SH					<input type="checkbox"/> RGI only						
Semi Detached Houses Morrison Court	F	SM					<input type="checkbox"/> RGI only						
Semi Detached Houses Janen Street	F	SM					<input type="checkbox"/> RGI only						
<b>Temagami</b>													
Minawassi 11 Bayview Lane		M	APT		1			<input type="checkbox"/> RGI <input type="checkbox"/> Market					

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*The District of Nipissing Social Services Administration Board is committed to continuous improvement in its services. Anyone with any feedback regarding the District of Nipissing Social Services Administration Board's services may contact the Co-Ordinated Access Administrator in writing, by phone, or by email.*

## Rent Supplement Units Singles/Families/Seniors

\*\*The Rent Supplement Program is rent-geared-to-income housing with private landlords. All rent supplement units are filled by the landlords using the centralized waiting lists. These units are not part of the regular portfolio, and are often single units scattered throughout the district.\*\*

Rent Supplement Building Selections								<input type="checkbox"/> A shaded box indicates option not available		Number of Bedrooms ✓ to select choices		
Building Name/Address	Tenant Type	Building Type	 	 Indicated with the bedroom size offered	 	 	Select if you are applying for RGI and/or Market		Bachelor	1 bedroom	2 bedroom	
<b>North Bay-Downtown Core</b>												
291 Sixth Avenue	F	APT					<input type="checkbox"/> RGI only					
464 King Street West	S/S	APT	N/A				<input type="checkbox"/> RGI only					
127 Main Street East	M	APT					<input type="checkbox"/> RGI only					
122 McIntyre Street East	S/S	APT					<input type="checkbox"/> RGI only					
373 Fisher Street	F/M	APT					<input type="checkbox"/> RGI only					
242 Worthington Street	S/S	APT				 <small>No dogs</small>	<input type="checkbox"/> RGI only					
<b>North Bay-Ferris Area</b>												
670 Lakeshore Drive	S/S	B	N/A				<input type="checkbox"/> RGI only					
340 Lakeshore Dr. (Seniors Only) Habitations Supremes	S	APT			 <small>Monthly fee \$6.00</small>		<input type="checkbox"/> RGI only					
<b>North Bay-Pinewood Area</b>												
123 Delaware Avenue	S/S	APT	N/A				<input type="checkbox"/> RGI only					
<b>North Bay-Trout Lake</b>												
220 Barber Street	S/S	APT	N/A				<input type="checkbox"/> RGI only					
141 Lindsay St (Seniors Only) Woodlands III	S	APT	N/A				<input type="checkbox"/> RGI only					
<b>Sturgeon Falls</b>												
222 Main Street	M	APT					<input type="checkbox"/> RGI only					