

Checklist for Market Rent Units

78A Bowes St., Parry Sound
82 Gibson St., Parry Sound

Completed applications are to be returned to:
Georgian Bay Native Non-Profit Homes Incorporated
15 – 78A Bowes St.
Parry Sound, ON P2A 2L7
Tel: 705-746-6042
Fax: 1-888-636-1833

Please ensure your application is complete, signed, and required verification is attached; otherwise incomplete applications will not be processed for eligibility.

Complete Application:

1. I have fully completed this application.
2. I have read and signed the consent and declaration on pg. 4.

Attach with Application (for each household member):

3. I have provided proof of legal resident status in Canada for each member of the household. **Examples include: copy of birth certificate, passport, native status card, baptismal certificate, permanent resident card, and landed immigrant or refugee documents.** (Driver's license and health cards are not accepted).
4. I have provided verification of all gross income as required (See Appendix 1 & 2, starting on pg. 7 for examples).



Date/ Time Stamp
Here

Application for Market Rent Units at Georgian Bay Native Non-Profit Homes

Instructions:

1. Please read and complete all sections and return to the address below along with the required verification.
2. Refer to the checklist, on the front page, to make sure you have included everything required. Incomplete applications will not be processed.
3. Please print all information clearly and in ink.

Georgian Bay Native Non-Profit Homes Incorporated
15 – 78A Bowes St.
Parry Sound, ON P2A 2L7
Tel: 705-746-6042 Fax: 1-888-636-1833

A. Applicant

First Name: _____		Last Name: _____	
Social Insurance Number: ____ / ____ / ____			
Birth Date (Month/Day/Year): ____ / ____ / ____		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Apt. #: _____	Street Address: _____		P.O. Box #: _____
City/Town: _____		Postal Code: _____	
Telephone: () _____		Alternate Telephone: () _____	
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contact Person: _____		Telephone: () _____	
Status in Canada (check one). Verification is also required.			
Canadian Citizen <input type="checkbox"/>		Landed Immigrant <input type="checkbox"/>	
Refugee Claimant <input type="checkbox"/>		Other <input type="checkbox"/>	
For Office Use Only:			
Comments:			

B. Co-Applicant

First Name: _____		Last Name: _____	
Social Insurance Number: ____ / ____ / ____			
Birth Date (Month/Day/Year): ____ / ____ / ____		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Apt. #: _____		Street Address: _____	
		P.O. Box #: _____	
City/Town: _____		Postal Code: _____	
Telephone: () _____		Alternate Telephone: () _____	
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contact Person: _____		Telephone: () _____	
Status in Canada (check one). Verification is also required.			
Canadian Citizen <input type="checkbox"/>		Landed Immigrant <input type="checkbox"/>	
Refugee Claimant <input type="checkbox"/>		Other <input type="checkbox"/>	

C. List any other persons to live in accommodation:

First Name	Last Name	Date of Birth <small>(month/ day /year)</small>	Sex	Relationship to applicant

D. Social Housing Arrears

Do you have arrears with a social housing provider? Yes No

If yes, are you currently in a repayment plan with that provider? Yes No

E. Housing Need/Unit Size

- 1. I/we will **only** accept a ground floor unit or one serviced by an elevator. Yes No
- 2. Do you require a fully modified wheelchair unit? Yes No
- 3. Do you require a wheelchair accessible unit? Yes No

78A Bowes St., Parry Sound	
1 bedroom	

82 Gibson St., Parry Sound	
1 bedroom	2 bedroom

F. Statement of Gross MONTHLY Income (BEFORE deductions) received by all persons/family members applying to live in the accommodation.

Verification of income amount is also required. Please refer to Appendix 1 'Verifying Documents Required by Applicants' and Appendix 2 for types of income to be reported.

Gross MONTHLY Income			
Income source	Applicant	Co-Applicant	Other Applicants
1. Canada Child Benefit	\$	\$	\$
2. Canada Pension Plan (CPP), Survivor's Benefit			
3. Canada Pension Plan Disability (CPP-D) or Spousal Allowance			
4. Child Support			
5. Employment Income (salary, overtime, bonuses, commissions, etc)			
6. Employment Insurance Benefits (EI)			
7. HST			
8. Guaranteed Annual Income System (GAINS) [provincial]			
9. Guaranteed Income Supplement (GIS) [federal]			
10. Interest Earned on Investments – RRSPs, GICs, etc.			
11. Old Age Security (OAS)			
12. Ontario Disability Support Program (ODSP)			
13. Ontario Works (OW)			
14. Pensions, Benefits and Annuities – Private, Other Countries			
15. RRIF Payments			
16. Self-employment Income			
17. Spousal support, alimony, separation payments			
18. Trillium Benefit [provincial]			
19. Veteran's Affairs Allowance			
20. Workplace Safety Insurance Board (WSIB) or other Disability Pension			
21. Other Income (Specify) _____			
Total Income	\$	\$	\$

Georgian Bay Native Non-Profit Homes Incorporated

Consent & Declaration

I /We, the undersigned, allow the following consents and declarations knowing they will be relied upon by the Georgian Bay Native Non-Profit Homes Incorporated (GBNNPHI) to assess my/our qualification for a rental unit.

- I. I/We consent to and authorize staff of GBNNPHI to make inquiries that it deems necessary to verify information given on this form. I/We authorize any persons, financial institution, corporation or any social or government agency, having knowledge of any required information, to release such information to GBNNPHI.
- II. I/We allow GBNNPHI to provide the information on this form and any attachments to the Province of Ontario of the Government of Canada, a department, ministry, or agency of them, without further notice to me/us, if the information is necessary for the purpose of statistical data collection as well administering or enforcing the *Income Tax Act* (Canada, or the *Immigration Act*).
- III. I/We permit GBNNPHI and their agents to obtain information about me/us from the Rent Check Credit Bureau for the purposes of establishing eligibility.
- IV. I/We understand that GBNNPHI and their agents may disclose information about me/us to a credit bureau, and to persons with whom we currently have, had in the past, or propose to have financial or residential rental dealings, to help establish my/our credit/rent payment history. I/We understand that GBNNPHI and their agents may disclose information about me/us to a credit collection bureau for the purpose of collecting rental arrears.
- V. I/We understand that inquiries about my/our personal information may take the form of electronic data exchange.
- VI. I/We have read this document and understand that all household income must be disclosed and supporting documentation provided. I/We understand that all documents provided become the property of GBNNPHI.
- VII. I/We declare that all the information given in this form, and any verification, as to the occupants of the unit and the gross income is accurate and complete. No income has been concealed or omitted from this form.

***Signatures are required from all members of the household who are 18 years of age and older:**

1. _____ PRINT Applicant Name	_____ Applicant Signature	_____ Date
2. _____ PRINT Applicant Name	_____ Applicant Signature	_____ Date

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

Personal Information discussed or exchanged under the use of this Consent by Parry Sound Affordable Housing Development Corporation will be used for the purpose of determining and verifying initial and ongoing eligibility for DSSAB Programs. Questions or concerns about the collection, use or disclosure of personal information should be directed to: Georgian Bay Native Non-Profit Homes Incorporated, 15 – 78A Bowes St., Parry Sound, 705-746-6042

APPENDIX 1

Definitions of Income

“Income” means all income, benefits and gains, of every kind and from every source.

Examples of Possible Sources of Income

Employment

- Full-time
- Part-time
- Irregular
- Casual
- Seasonal
- Odd Jobs
- Bonuses
- Overtime Earnings
- Commissions
- Tips and Gratuities
- Separation/Vacation Pay
- Disability Pay
- Sick Pay
- Long-term Income Protection Payments

Self-Employment

- Full-time
- Part-time
- Odd Jobs for cash or cheque
- Tutoring
- Music Teacher
- Child Care
- Babysitting
- Taxi
- Business

Pensions & Allowances

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan
- Social Security (other countries)
- Company Pension
- Private Pension
- Public Service Pension
- Disability Pension
- Widow's Pension
- War Veteran's Allowance
- Military or Militia or Civil Defence Allowance
- Civilian War Pension

Other Sources

- Ontario Work Assistance (OW)
- Ontario Disability Support Program (ODSP)
- Worker Safety Insurance Board (WSIB)
- Employment Insurance (EI)
- Child Support
- Spousal Support
- Ontario Secondary School Assistance Program (OSAP)
- Official Guardian or Public Trustee Payments
- Children's Aid Society
- Rental Income
- Lump Sum Payments (Inheritance, Court Settlements, Compensation)
- Support from Relatives or Other Sources
- Sponsorship under Immigration Act
- Interest on Investments
- **Any Source of Income Not Listed**

APPENDIX 2

I. Income Source(s) Verification. Gross Monthly Income (BEFORE deductions)

Income Source	Documentation Requirements
Employment Income and Employment Insurance (EI)	<p>If you are employed, current consecutive pay stubs for a two-month period indicating:</p> <ul style="list-style-type: none"> • Company name • Employee's name • Pay period/frequency • Gross pay amount and rate of pay • Year-to-date totals <p>Employment Insurance (EI) benefits:</p> <ul style="list-style-type: none"> • Printouts of current Benefit Statements for three, two-week reporting periods (6 weeks). Must show applicant's name, dates of reporting periods, benefit rate and gross amount.
Ontario Works or ODSP	<ul style="list-style-type: none"> • Copy of most current assistance stub showing shelter and basic needs amounts. If more than one person in the benefit unit, written confirmation from caseworker who is in it.
Pensions – OAS, CPP, GAINS, GIS, CPP-D	<ul style="list-style-type: none"> • Verification from Bank Statement, Letter from issuer confirming gross amount and frequency of payments
Private Pensions, RRIF Payments	<ul style="list-style-type: none"> • Letter from issuer confirming gross amount and frequency of payments. • If you receive by cheque, a copy of a current cheque OR bank statements for three months.
Self-Employment Income	<ul style="list-style-type: none"> • Financial statements
Spousal and Child Support	<ul style="list-style-type: none"> • Copy of agreement regarding amount and frequency of payments. • Bank statements for three months showing deposits