



**Central Waiting List  
administered by the  
District of Timiskaming Social Services Administration Board (DTSSAB)**

1. Please print all information in ink.
2. Complete all sections of the attached application form.
3. Before completing the Total Household Income section, please read the “Definition of Income” found on Pages 7 and 8.
4. If you need assistance completing this application, call any of the Housing Providers listed on Page 5.
5. Visual verification of the following documents must be provided along with your completed application form. Any originals or copies submitted will be sent back to you.
  - Birth Certificate(s) for each household member over the age of 16 (or Baptismal Certificate, Landed Immigrant Record/Passport)
  - Notice of Assessment from Canada Revenue Agency for the latest income tax return (previous year)
  - Supporting Documents for any support payments, separation agreements, or custody agreements (court order/agreements)
  - Recent statements for all bank accounts, investments, Tax Free Savings Account (TFSA), income producing assets etc.
  - Proof of property value (example MPAC or Property Tax Bill)
  - Copy of most recent check stub from Ontario Works or ODSP is applicable
6. Housing Provider members of the Central Waiting List have homes throughout the Timiskaming area and for individuals at all levels of income.
7. Be sure to indicate your preferences on Pages 4 and 5 of this application.

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

1. Zone K-1 Veterans Home Corporation located at 259 Gordon Street
2. Kirkland Lake Non-profit Housing Corporation (KLNP)
3. District of Timiskaming Social Services Administration Board (DTSSAB)
4. New Liskeard Non-profit Housing Corporation (NLNP)

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

Comments and Additional Information (if you desire):

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### Statement of Household Composition

Preferred Language:  English  French

**APPLICANT**  Mr  Mrs  Ms  Miss Sex:  Male  Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Work  Home  Cell  Alternate Contact

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Work  Home  Cell  Alternate Contact

Street & Number: \_\_\_\_\_ Apt. No: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Are you a:  Canadian Citizen  Landed Immigrant  Refugee/Applicant  Other: \_\_\_\_\_

**CO-APPLICANT**  Mr  Mrs  Ms  Miss Sex:  Male  Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Work  Home  Cell  Alternate Contact

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Work  Home  Cell  Alternate Contact

Street & Number: \_\_\_\_\_ Apt. No: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Are you a:  Canadian Citizen  Landed Immigrant  Refugee/Applicant  Other: \_\_\_\_\_

### Other Household Members or Dependents

If you have shared custody of any of your children, you will need to show proof of your guardianship of the children; place an X in the box next to their name(s).

| Last Name | First Name | S.I.N.<br>for children over<br>age 16 | X | Date of Birth |       |     | Sex |   | Relationship |
|-----------|------------|---------------------------------------|---|---------------|-------|-----|-----|---|--------------|
|           |            |                                       |   | Year          | Month | Day | M   | F |              |
|           |            |                                       |   |               |       |     |     |   |              |
|           |            |                                       |   |               |       |     |     |   |              |
|           |            |                                       |   |               |       |     |     |   |              |
|           |            |                                       |   |               |       |     |     |   |              |

\*Please List Additional Members on a Separate Sheet

### Housing Requirements

How many bedrooms do you/family require? \_\_\_\_\_

Are you able to live independently?  Yes  No

Do you require a ground floor unit or elevator service?  Yes  No

Do you require a unit modified for wheelchair accessibility?  Yes  No

Do you require any modifications to the unit to be able to live independently?  Yes  No

If yes please provide details: \_\_\_\_\_

Do you require parking?  Yes  No

\*please note all buildings are able to only accommodate one vehicle per household.

Do you have a motorized scooter that requires onsite parking for charging?  Yes  No



**Previous Social Housing Accommodations**

Do you, or the co-applicant, currently live in: co-op, non-profit, or subsidized housing in Ontario?  Yes  No

Did you or the co-applicant ever live in subsidized housing in Ontario?  Yes  No

If yes, please provide the following:

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

Name of Provider: \_\_\_\_\_

What date did you move out (YY/MM/DD)? \_\_\_\_\_

**Total Monthly Household Income**

(Gross monthly income before deductions)

**You must state all sources of income from everyone in your household and provide proof for each.**

| Source                              | Applicant | Co-Applicant | Other | Proof                      |
|-------------------------------------|-----------|--------------|-------|----------------------------|
| Employment                          |           |              |       | Of Last 8 Pays             |
| Ontario Works Benefits              |           |              |       | Last Cheque & Drug Card    |
| Ont. Disability Support Plan (ODSP) |           |              |       | Last Cheque & Drug Card    |
| GAINS Senior                        |           |              |       | Bank Record or Last Cheque |
| Employment Insurance (EI)           |           |              |       | Most Recent Statement      |
| Canada Pension (CPP)                |           |              |       | Bank Record or Last Cheque |
| Old Age Security (OAS)              |           |              |       | Bank Record or Last Cheque |
| Support/Alimony                     |           |              |       | Support Legal Document     |
| Workers Compensation (WSIB)         |           |              |       | Most Recent Cheque         |
| Assets (see Page 5)                 |           |              |       | Attach Description         |
| Other Pensions                      |           |              |       | Bank Record or Last Cheque |
| Other Income                        |           |              |       | Bank Record or Last Cheque |

**Property Ownership**

Are you a property owner?  Yes  No

If Yes, you will need to provide a form of verification (i.e. Municipal Property Assessment Corporation Assessment)

Do you own a business?  Yes  No

If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

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



**Assets**

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

| Bank Account(s)                                   | Current Balance |   |   |
|---|-----------------|---|---|
|   | 1               | 2 | 3 |
| Savings   |                 |   |   |
| Chequing  |                 |   |   |
| TFSA (Tax Free Savings Account)                   |                 |   |   |
| Bonds/Savings Certificates                        |                 |   |   |
| Annuities, Shares, Securities, Stocks, Debentures |                 |   |   |
| Other Specify: _____                              |                 |   |   |

**Transferred Assets**

If any assets have been transferred during the past 36 months, indicate:

Date of Transfer: \_\_\_\_\_ Value: \_\_\_\_\_  
Transferred To: \_\_\_\_\_

**Central Waiting List**

Please indicate if you are interested in:

- (a) Rent Geared To Income (Subsidized Rent)       Yes       No  
 (b) Market-Rent (Non-Subsidized Rent)       Yes       No

You must check off your preferred location(s). Units are offered chronologically based on the date your application is received.

**Seniors/Singles Buildings (\*Designated Seniors Building)**

**Cobalt:**

- 29 Miller (DTSSAB)
- 26 Ferland (DTSSAB)

**Temiskaming Shores:**

- 390 Lakeview (DTSSAB)
- 480 Broadway (DTSSAB)
- 259 Gordon Drive (Veterans)\*
- 370 Broadway Street- RGI (DTSSAB)\*
- 370 Broadway Street-Market Rent (DTSSAB)\*
- 100 Market Street (DTSSAB)
- 105 Market Street (NLNP)\*
- 154 Market Street (DTSSAB)

**Earlton:**

- Tenth Street (DTSSAB)

**Englehart:**

- Fifth Avenue (DTSSAB)
- Sixth Avenue (DTSSAB)
- Ninth Avenue (DTSSAB)
- Tenth Avenue (DTSSAB)

**Elk Lake:**

- Lake Street- RGI (DTSSAB)
- Lake Street- Market Rent (DTSSAB)

**Kirkland Lake:**

- 25 Tweedsmuir Road (DTSSAB)
- 25A Tweedsmuir Road (DTSSAB)
- 60 Fifth Street (KLNP)\*
- 42 Churchill Drive (DTSSAB)

**Larder Lake:**

- 99 Thompson Boulevard (DTSSAB)

**Family Projects**

**Temiskaming Shores:**

- Bolger, Taylor, Broadwood, 4 units (DTSSAB)

**Earlton:**

- Seventh Street, 12 units (DTSSAB)

**Kirkland Lake:**

- 108-112 Fifth Avenue, 4 units (DTSSAB)
- 55-85 Harding Avenue, 16 units (DTSSAB)
- 25 Tweedsmuir Road, 23 units (DTSSAB)
- 10 Scattered Units (DTSSAB)
- Pollock Avenue, 45 units (KLNP)



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

**DTSSAB:** District of Timiskaming Social Services Administration Board  
Attention: Social Housing Program  
PO Box 6006, 290 Armstrong Street  
New Liskeard ON P0J 1P0  
Phone: 705-647-7447 ext.2229  
800-627-2944 ext.2229 Fax: 705-647-5267  
  
Kirkland Lake ON  
Phone: 705-567-9366 ext.3243  
888-544-5555 ext.3243 Fax: 705-567-1942  
Email: housing.application@dtssab.com

**KLNP:** Kirkland Lake Non-Profit Housing Corporation  
60 Fifth Street, Suite 100  
Kirkland Lake ON P2N 3P7  
Phone: 705-568-6688 Fax: 866-568-8842  
Email: klnph@ntl.sympatico.ca

**NLNP:** New Liskeard Non-Profit Housing Corporation  
PO Box 1564, 105 Market Street  
New Liskeard ON P0J 1P0  
Phone: 705-647-3076 Fax: 705-647-6456  
Email: nlnph@ntl.sympatico.ca

**RCL:** Zone K-1 Veterans' Home Corporation  
259 Gordon Drive  
Haileybury ON P0J 1K0  
Phone: 705-672-2557 Fax: 705-672-2558  
Email: vets@ntl.sympatico.ca

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

- Northern Timiskaming: Kirkland Lake, King Kirkland, Dobie, Harvey Kirkland, Kearns Virginia Town, Larder Lake, Swastika
- Central Timiskaming: Matachewan, Charlton, Elk Lake, Englehart, Earlton, Thornloe, Kenebeek
- Southern Timiskaming: New Liskeard, Haileybury, Cobalt, Latchford

**CTNH:** Cochrane-Temiskaming Native Housing  
PO Box 2635  
Cochrane ON P0L 1C0  
Phone: 705-272-5718 Fax: 705-272-6097  
Email: ctnh@puc.net



### Consent and Declaration

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

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

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

|                     |                          |       |
|---------------------|--------------------------|-------|
| _____               | _____                    | _____ |
| Name of Resident #1 | Signature of Resident #1 | Date  |
| _____               | _____                    | _____ |
| Name of Resident #2 | Signature of Resident #2 | Date  |
| _____               | _____                    | _____ |
| Name of Resident #3 | Signature of Resident #3 | Date  |

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

#### Confirmation of Application

Application Received From (Primary Applicant): \_\_\_\_\_

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

This copy will serve to acknowledge receipt of your application by the Central Waiting List, and to acknowledge that your application is:  Complete  Incomplete

If "Incomplete" is checked, please fill in the highlighted areas on the application and/or the missing information, as requested. If "Complete" is checked, retain this for your records. If you have any questions, please contact the Housing Provider nearest you.

Within 10 days of receiving your application the DTSSAB will send you a letter of confirmation. If you do not receive this in due time or have any further questions, please contact:

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



## Collection, Use, and Disclosure of Personal Information

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

### What is Personal Information?

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

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

### Collection and Use of Your Personal Information

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

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

### Disclosure of Your Personal Information

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

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

### Definition of Income

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

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



- (h) Government of Canada or any level of government of any other country or state or from any other source;
- (i) the gross amount of alimony, separation, maintenance or support payments;
- (j) the gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time;
- (k) the gross interest income from savings or chequing accounts in the bank, trust company or a credit union;
- (l) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- (m) an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time.

### Examples of Possible Sources of Income

#### Employment

- Full-time
- Part-time
- Irregular
- Casual
- Long Term Income Protection Payments
- Seasonal
- Odd Jobs
- Shift Bonuses
- Tips and Gratuities
- Cost of Living Bonuses
- Overtime Earnings
- Commissions
- Yearly or Seasonal Bonuses
- Separation/Vacation Pay
- Disability Pay
- Sickness Pay

#### Self-Employment

- Tutoring
- Teaching Music
- Child Care
- Babysitting
- Taxi
- Business

#### Pensions and Allowances

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

#### Other

- Ontario Works Benefits (OW)
- Employment Insurance Payments (EI)
- Student Grants
- Provincial or Municipal Payments
- Insurance Payments
- Payments from Official Guardian or Public Trustee
- Payments under Compensation for Victims of Crime
- One-time lump-sum payments (inheritances, court and out of court settlements)
- Workplace Safety Insurance Board Payments (WSIB)
- Payments from Children's Aid Society
- Separation Payments
- Alimony Payments
- Support Payments (for spouse or child)
- Support from relatives or other sources
- Mortgage Income

#### Income Producing Assets

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

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

#### Non-Income Producing Assets

Life Insurance (with a cash surrender value)

- Registered Retirement Savings Plan
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- Collection of, or investments in, other valuable non-income producing assets
- Business interest which does not produce income