



# TIMMINS NATIVE FRIENDSHIP CENTRE

179 Kirby Avenue  
Timmins, ON P4N 1K1  
Ph: (705) 268-6262  
Fax: (705) 268-6266  
Toll Free: 1-844-200-2686  
[www.tnfc.ca](http://www.tnfc.ca)

## HOUSING SERVICES ACCESS APPLICATION

### A. Statement of Household Composition

Make a complete list of the persons who will be living in the house for which you are applying.

#### APPLICANT

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

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you: First Nation \_\_\_\_ Inuit \_\_\_\_ Metis \_\_\_\_ Non-Status \_\_\_\_ Non Native \_\_\_\_

Present Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### CO-APPLICANT (If Applicable)

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

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you: First Nation \_\_\_\_ Inuit \_\_\_\_ Metis \_\_\_\_ Non-Status \_\_\_\_ Non Native \_\_\_\_

Present Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Position Title: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**OTHER MEMBERS (Please include any additional household member(s))**

Relationship to Applicant: \_\_\_\_\_

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

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you: First Nation \_\_\_\_ Inuit \_\_\_\_ Metis \_\_\_\_ Non-Status \_\_\_\_ Non Native \_\_\_\_

Present Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notes:

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

**OTHER MEMBERS (Please include any additional household member(s))**

Relationship to Applicant: \_\_\_\_\_

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

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you: First Nation \_\_\_\_ Inuit \_\_\_\_ Metis \_\_\_\_ Non-Status \_\_\_\_ Non Native \_\_\_\_

Present Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Common-law \_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notes:

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

## B. Present Housing Assessment

Number of bedrooms required: \_\_\_\_\_

Do you have a physical/medical condition that is aggravated by your current living situation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

---

---

---

Do you require or anticipate a modified/wheelchair accessible unit for a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

---

---

## C. Residential History

Current Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

At present, do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ N/A \_\_\_\_\_ (please select N/A if without accommodations)

Living in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_

Monthly Rent/Mortgage: \_\_\_\_\_ Does the rent include heat, hydro or water? Yes \_\_\_\_\_ No \_\_\_\_\_

If NOT included, how much monthly for? : Heat \$ \_\_\_\_\_ Hydro \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

How long at this address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for leaving:

---

---

---

---

Previous Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

---

---

Previous Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

### D. Total Monthly Household Income (Gross monthly income before deductions)

Source	Proof	Applicant	Co-Applicant	Other	Other
Employment (most recent cheque stubs)	Hourly Rate _____ Avg. Hours per week _____				
Social Assistance (Attach stub and drug card)	Specify:  Ontario Works (O.W.)  Ontario Disability Support Plan (ODSP)  Ontario Student Assistance Program (OSAP)				
Employment Insurance (EI) (Most recent cheque)					
Canada Pension Plan (Bank record or last cheque)					
Old Age Security (OAS) (Bank record or last cheque)					
Support/Alimony (Supporting Legal Documents)					
WSIB (Most recent cheque)					
Assets (Attach description)					
Other Pensions (Bank record or last cheque)					
Other Income (Bank record or last cheque)					

Banking Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### E. Pets/Smoke

Do you have pets? : Yes \_\_\_\_\_ No \_\_\_\_\_ How many? : \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
 Do you currently smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

### F. Vehicle Information

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Colour: \_\_\_\_\_  
 Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Colour: \_\_\_\_\_  
 Parking Spot Required? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Additional Spot Required? Yes \_\_\_\_\_ No \_\_\_\_\_ (Subject to Availability)

### G. Personal Information (Confidential)

Have you ever been evicted? Yes \_\_\_\_ No \_\_\_\_

If yes, when and why:

---

---

---

### H. Personal References

Reference Name 1: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_

Reference Name 2: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_

### I. In Case of Emergency – Contact Information

NAME	RELATIONSHIP	ADDRESS	PHONE # WITH AREA CODE

**J. Personal Statement/Special Circumstances that should be considered by TNFC?**

The First Nation, Inuit, Metis Urban and Rural housing program (FIMUR) was designed with priorities for tenant selection derived from consultations with the off-reserve Aboriginal community in Ontario (outside of the GTA). Those priorities are:

1. Families/single parent families/seniors/individuals who have had no other alternative but to turn to emergency shelters to escape violence or any other type of physical or mental grief by their spouses, or partners, or other family members with whom they reside and from whom they intend to separate permanently.
2. Families/single parent families/seniors/individuals that are without or to be without housing by no fault of their own, families whose residence has been destroyed and no place to live, landlords who have sold the property and have terminated the tenancy, individuals who have been released from a hospital facility and cannot return to their former residence, families at risk of losing custody of their children through lack of safe affordable housing.
3. Families/single parent families/seniors/individuals that have had no alternative but to separate and seek living accommodations with other family members because of the lack of affordable housing.
4. Families/single parent families/seniors/individuals that are currently living with hazardous conditions such as; inadequate kitchen facilities, inadequate bathroom facilities, inadequate recreational space for children, inadequate or no electrical wiring, inadequate or unsafe heating facilities, other identified risks, or the need for specific housing requirements e.g. wheel chair access, ground floor.

Are there any priorities to you/your household? Please Explain.

---

---

---

---

---

---

---

---

---

---

Applicant represents that all the above statements are true and correct and hereby authorize the individual or organization to whom this application is submitted to: a) contact my references and all other persons that I have named on this application; and b) perform a credit and/or criminal background check to assess my suitability as a tenant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ THE FOLLOWING, COMPLETE THE NAME AND ADDRESS BELOW  
THEN YOUR SIGNATURE IS REQUIRED**

**COLLECTION OF PERSONAL INFORMATION CLAUSE**

Personal information contained on this form or in attachments is collected by the Timmins Native Friendship Centre and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent share and rent-geared-to-income charge. Personal information may be released to the housing provider, the government of Canada, including Canada Customs & Revenue Agency, other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies and government agencies providing social assistance to the tenant. **The tenant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.** Questions about this collection should be directed to the Indigenous Housing Liaison Coordinator, Timmins Native Friendship Centre, 179 Kirby Ave., Timmins, ON P4N 1K1.

**Declaration**

I/we make the above, the following and all other, whether verbal or written, representations, to the Timmins Native Friendship Centre, knowing that they will be relied upon by the Timmins Native Friendship centre, to assess my qualifications for rental subsidy accommodation and to establish rent.

1. I have read the definition of Income and Gross Family Income on the following page and I fully understand them.
2. The information given on this form is accurate and complete as requested
3. I understand that if rental subsidized accommodation is provided to me, that accommodation is to be occupied only by myself and "those persons listed in the STATEMENT OF HOUSEHOLD COMPOSITION" subject to approval

I give consent and authorization to the Timmins Native Friendship Centre to:

1. Make any inquiries that it deems necessary to verify the information given in this form (including a credit or landlord check, if applicable) and I authorize any person or Social Agency having knowledge of any such information to release the information to the Timmins Native Friendship Centre
2. Disclose the information given by me to the Timmins Native Friendship Centre, to any Social Agency providing any form or service to me
3. Information will not be disclosed to any other party, except in accordance with provision of the FIPPA, MFIPPA, PHIPA, PIPEDA
4. For the purposes of PHIPA, I give consent for the collection of health information to the Timmins Native Friendship Centre for the purpose of assessing eligibility. The consent is valid until all matters relating to eligibility are resolved to the satisfaction of the Timmins Native Friendship Centre
5. The Timmins Native Friendship Centre voluntarily complies with the Federal Privacy Information Protection and Electronics Documents Act 2000 {PIPEDA}, which applies to the standards for personal information with respect to commercial activity.

Applicant Signature	Date	Witness Signature
Co-Applicant Signature	Date	Witness Signature
Co-Applicant Signature	Date	Witness Signature

**For Office Use Only:**

Primary Provider:  
 Date Application Received: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Application/Client #: \_\_\_\_\_ (eg. 2018-07-18-1001)

Please indicate if you are interested in:

- |  |           |          |  |
|--|-----------|----------|--|
| a) Rent Geared to Income (Subsidized Rent) | Yes _____ | No _____ |  |
| b) Market Rent (Non-Subsidized Rent)       | Yes _____ | No _____ |  |
| c)   |           |          |  |

This copy will serve to acknowledge receipt of your application by the Timmins Native Friendship Centre and that your application is:

Complete or Incomplete

If "Incomplete" is circled, please fill in the highlighted areas on the application and/or provide the missing information, as requested. If "Complete" is circled, retain this for your records. If you have any questions, please call the Timmins Native Friendship Centre.