



Nipissing Mental Health  
**Housing & Support Services**

Be in a good place.

# **PHASE I HOUSING APPLICATION**

## **ADMINISTRATION OFFICE**

222 MAIN STREET EAST  
NORTH BAY, ONTARIO  
P1B 1B1

**WEBSITE:** [www.nmhhss.ca](http://www.nmhhss.ca)

**PHONE:** (705) 476-4088

**FAX:** (705) 495-3585

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# NIPISSING MENTAL HEALTH HOUSING AND SUPPORT SERVICES PHASE 1 HOUSING APPLICATION

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The purpose of the Nipissing Mental Health Housing and Support Services Phase 1 housing application is to enhance the lives of individuals by providing and promoting the development of affordable housing in the North Bay area. We support the vital service that social housing provides in our community.

It is **“VERY IMPORTANT”** that you read all the attached information carefully before filling out the application.

## **ELIGIBILITY REQUIREMENTS:**

- Ministry occupancy standards shall apply.
- Applicants must be 16 years of age or older.
- Applicants must owe no arrears to fully or partially-funded, geared-to-income housing or the arrears problem must be resolved according to Ministry requirements.
- Home owners agree to sell their property according to Ministry requirements.
- Applicants must require support to access this housing and must be able to live independently with comprehensive support services.

If you are currently housed with another non-profit housing provider, you may still apply with Nipissing Mental Health Housing and Support Services.

## **WHAT HAPPENS ONCE YOU ARE ON THE WAITING LIST FOR A UNIT?**

You will be placed on the waiting list according to the date of your application. If for some reason you do not qualify for housing or more information is required to process your application, you will be notified.

The hardest and most frustrating part when applying for housing is the waiting period. Please be patient, you will be offered a suitable unit as soon as one becomes available.

**Until that time, it is your responsibility to advise Nipissing Mental Health Housing and Support Services of any changes in your circumstances, which may affect your application such as changes in:**

- a) Address
- b) Phone number
- c) Household income
- d) Family composition.

## **OFFER OF ACCOMMODATION:**

When a suitable unit becomes available and you are next on the waiting list, you will be contacted by Nipissing Mental Health Housing and Support Services, so that the information on file may be verified.

- If the information proves to be accurate, you will be offered the unit.
- You may view the unit (if you desire).
- You may accept or refuse the unit.
- If you accept the offer you will be contacted to finalize your tenancy.
- You may refuse one unit and may remain at the top of the list; however, should you refuse two offers of a unit, you will be moved to the bottom of the waitlist.

## **DEFINITION OF EXCEPTIONS**

- SPECIAL PRIORITY** :
- Priority will be given to individuals living with a serious mental illness who require comprehensive supports to live in the community
  - : Persons who are homeless - households without shelter, households who use the emergency shelter system, families separated due to lack of affordable housing, persons living in substandard housing condemned by the municipality.
  - : A person (with children) who has been abused by a partner with whom she/he lives in a familiar relationship and intends to separate from him/her permanently;
    - an adult who has been abused by a family member/care giver.
    - a parent/guardian whose children have been abused by another member of the family; or
    - a person 16 years of age or older who has been abused by another family member.
  - : Individuals with disabilities.

**Return the completed application to:**

Nipissing Mental Health Housing and  
Support Services  
Suite 215  
222 Main Street East  
North Bay, ON P1B 1B1

## **Instructions for making Application to Nipissing Mental Health Housing and Support Services**

- **Complete all sections of the attached application form. Please print all information in ink.**
- **Before completing the Total Household Income section, please read the definition of income.**
- **If you need assistance completing this application, call Nipissing Mental Health Housing and Support Services at 476-4088.**
- **When your application is received, it will be reviewed to ensure it is complete. If more information is required, or you do not qualify for our housing, you will be contacted; otherwise, you will be added to the waiting list according to the date of application.**

Personal information contained in this form or in attachments is collected by Nipissing Mental Health Housing and Support Services pursuant to the Ontario Housing Corporation Act, Sections 2, 4 and 7, R.S.O. 1980, C.339, the Housing Development Act, Subsection 7(2), R.S.O. 1980, C.209 and Ministry of Health guidelines and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-geared-to-income charge.

Personal information may be disclosed to Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing and other Municipal/Provincial and Federal departments and agencies who assist in the provision of affordable housing and to social agencies providing social assistance to the applicant.

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### **Definitions of Income**

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

1. Gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
2. Grants, scholarships or bursary payments;
3. The greater of net income from the business or total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business;
4. The gross amount of employment insurance benefits;
5. The gross amount of worker’s compensation payments or other industrial accident insurance payments made because of illness or disability;
6. 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);
7. The gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source;
8. The gross amount of alimony, separation, maintenance or support payments;
9. The gross amount of gains from investments including interest on dividends, stocks, shares and other securities, and where the actual income can not be determined, an imputed rate of return set by the landlord from time to time;
10. The gross interest income from savings or chequing accounts in a bank, trust company or a credit union;

11. 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;
12. 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.

**“Gross Family Income” means the aggregate income of:**

1. The tenant and every person residing in the Leased Premises;
2. Every tenant on the Lease temporarily resident elsewhere.

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**Examples of Possible Sources of Income**

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**Employment**

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

**Self-Employment**

- Tutoring
- Child Care
- Music teaching
- Babysitting
- Taxi
- Business/sales/internet

**Pensions and Allowances**

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

**Other**

- Student Grants
- Insurance Payments
- Alimony Payments
- Separation Payments
- Mortgage Income
- Support Payment (spouse/child)
- Provincial or Municipal Payments
- Worker’s Compensation Payments (WSIB)
- Support Payments from Relatives or Other Sources
- One-Time Lump-Sum Payments (inheritance, court and out of court settlements)
- Employment Insurance Commission Payments
- Payments from Official Guardian or Public Trustee
- Payments Under Compensation for Victims of Crime Act
- Payments from Children’s Aid Society or Catholic Children’s Aid

**Income Producing Assets**

- Farm Property which Produces Income
- Business interest which Produces Income
- Savings Accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits.
- Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- License, which produces income (e.g. Taxi License)

**Non-Income Producing Assets**

- Life Insurance (with a cash surrender value)
- Registered Retirement Savings Plan
- Business interest which does not produce income
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land)
- Collection of, or investment in, other valuable non-income producing assets



# NIPISSING MENTAL HEALTH HOUSING AND SUPPORT SERVICES

## PHASE 1 HOUSING APPLICATION

**For Office Use Only** Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_ Input to Waiting List Complete: \_\_\_\_\_

Language Preference:      English <input type="checkbox"/> French <input type="checkbox"/>
<b>Number of Bedrooms Applying For:</b> 1 Bedroom <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/>
<b>Do you require a modified unit for a disability:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain (attach any supporting documentation): _____ _____
<b>Are you currently receiving comprehensive Mental Health Case Management Services?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, from which program?    NMHSS <input type="checkbox"/> CMHA <input type="checkbox"/> ACTT <input type="checkbox"/> EIP <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____ _____

**Statement of Household Composition**  
 (Make a complete list of all persons who will be living in the home for which you are applying)

**Applicant**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Social Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: YYYY\_\_\_\_/MM\_\_\_\_/DD\_\_\_\_/  
 Current Address: Apt #: \_\_\_\_\_ Street & #: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Are you a: Canadian Citizen \_\_\_\_ Landed Immigrant \_\_\_\_ Refugee/Applicant \_\_\_\_ Other \_\_\_\_  
 Present Status: Single \_\_\_\_ Married \_\_\_\_ Common Law \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Other \_\_\_\_  
 Employer: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 May you be contacted at your place of work? Yes  No

**Co-Applicant**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Social Insurance Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: YYYY\_\_\_\_/MM\_\_\_\_/DD\_\_\_\_/ Sex: M \_\_\_\_ F \_\_\_\_  
 Current Address: Apt #: \_\_\_\_\_ Street & #: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Are you a: Canadian Citizen \_\_\_\_ Landed Immigrant \_\_\_\_ Refugee/Applicant \_\_\_\_ Other \_\_\_\_



Present Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

May you be contacted at your place of work? Yes  No

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

**Other Household Members to Live in Home for Which You Are Applying**

(If any of your children do not live with you all the time, place an X in the box next to their name(s))

Last Name	First Name	<u>X</u>	Birth Date YYYY/MM/DD	Sex M/F	Relationship to Applicant

**Person to Contact in Case of Emergency**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Present Housing Circumstances**

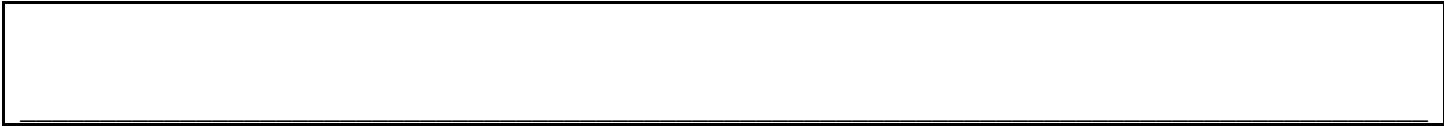
How many bedrooms do you occupy now? \_\_\_\_\_

Do you have any health condition that is aggravated by your current living environment? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you at risk of homelessness? Yes  No

Please describe how you are at risk. \_\_\_\_\_



### Present and Previous Accommodations

Present Landlord's Name \_\_\_\_\_ Landlord's Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_

Former Landlord's Name \_\_\_\_\_ Landlord's Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you or the co-applicant(s) presently live in a co-op, non-profit, or subsidized housing in Ontario?  
 Yes  No

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

If yes, Provide the Following: Name of Provider (Housing Agency)  
 \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 Move out date \_\_\_\_\_

### Shared Accommodation

We sometimes have a vacant bedroom in a 2 or 3 bedroom unit. Although you, the applicant may be applying for a one-bedroom unit, would you consider sharing a 2 or 3 bedroom unit with other single individuals of the same sex should a vacancy occur? Yes  No

### TOTAL MONTHLY HOUSEHOLD INCOME (Gross monthly income before deductions) You must state all sources of income of all those in your household and provide proof of each.

Source	Proof (Please attach)	Applicant	Co-Applicant	Other Applicant
Employment	(Last 8 Weeks Cheque Stubs)	\$	\$	\$
Ontario Works	(Last Cheque Stub & Drug Card)			
Ontario Disability	(Last Cheque Stub & Drug Card)			
Employment Insurance	(Most Recent Cheque)			
Canada Pension (CPP)	(Bank Record or Last Cheque)			
Old Age Security (OAS)	(Bank Record or Last Cheque)			
Gains (Seniors)	(Bank Record or Last Cheque)			
Support/Alimony	(Supporting Legal Documents)			
W.S.I.B. (W.C.B.)	(Most Recent Cheque)			
Assets (ie. home, vehicle, RRSP's etc.)	(Attach Description)			
Other Pensions	(Bank Record or Last Cheque)			

Other Income	(Bank Record or Last Cheque)			
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## Declaration

I/We make the above, the following and all other, whether verbal or written representations to Nipissing Mental Health Housing and Support Services, knowing that they will be relied upon by Nipissing Mental Health Housing and Support Services to assess my/our qualifications for rental accommodation:

1. The information given on this form is accurate and complete as requested.
2. I understand that if rental 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.
3. I understand that I must report any changes within 10 days.  
i.e. the number of people who live with me, address and phone number, total household income, housing needs.
4. I understand that if I owe money to any social housing provider and I have not made arrangements for repayments, I may not be eligible for housing.

I/We give consent and authorization to Nipissing Mental Health Housing and Support Services to:

1. Make any inquiries that it deems necessary to verify the information given in this form, and I authorize any person, corporation, or any social agency having knowledge of any such information to release the information to Nipissing Mental Health Housing and Support Services.
2. Disclose the information given by me to Nipissing Mental Health Housing and Support Services, to any social agency providing any form of service to me.
3. Make inquiries to a credit bureau as to my credit worthiness.

**The applicant consents to the verification, disclosure and transfer of the information given on this form and attachments by or to any of the above entities and will provide any required supporting material.**

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Comments: (if desired)
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