



Powassan's newest independent living option for those 55+

Application Checklist

175 Big Bend Avenue
Powassan, ON, Canada P0H 1Z0

Last name:	First name:
☐ 1. Signed Application and Consent	All household members 16 years of age or older must sign the application form. (Form provided).
☐ 2. Status in Canada	Must provide proof of legal resident status for each household member. (birth certificate, citizenship document, Native Status card, permanent resident card, record of landing, convention refugee documentation, and/or refugee claimant form)
☐ 3. Income Tax Assessment ☐ NOA	Copies of current Notice of Assessment from Canada Revenue Agency for each household member who will be living there.
☐ 4. Verification of Direct Deposits ☐ Bank Form or 3-month bank statements	Verification of direct deposits for each applicant and anyone over the age of 18 who will be residing in the house. Forms are provided and need to be completed by each financial institution, which applicant(s) do business with. (Form provided).
☐ 5. References	Applicant must provide 2 references (other than family)



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Residential Tenancy Application Form

Please return completed applications and supporting documents to:

District of Parry Sound Social Services Administration Board

1 Beechwood Dr.

Parry Sound, ON P2A 1J2

info@themeadowview.ca

705-746-7777 or 1-800-461-4464

Date and Time Stamp:

Applicant's Information

Full Name:	Date of Birth:
Current Address:	Phone Number:
	How long at current address:
Landlord's Name/Phone #:	Email Address:
	Social Insurance Number (SIN) : (optional)

Status in Canada (check one). Verification is also required.

Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Other ☐

Co-Applicant's (Spouse) Information

Full Name:	Date of Birth:
Present Address: Same as above ☐	Phone Number:
Social Insurance Number (SIN) (optional):	Email Address:

Status in Canada (check one). Verification is also required.

Canadian Citizen ☐ Landed Immigrant ☐ Refugee ☐ Other ☐

Rental History - Previous Addresses in the last 5 years

Street Number & Name	City & Province	Postal Code	Landlord's Name/Phone #	Length of Tenancy

For Office Use Only:

Current Employment (if applicable)					
Applicants Name	Name of Employer	Phone Number	Length of Employment	Full/Part Time Hours	Monthly Income

Previous Employment in the last 2 years, if different than above					
Applicants Name	Name of Employer	Phone Number	Length of Employment	Full/Part Time Hours	Monthly Income

Other Income (OAS, CPP, ODSP, OW, etc.)		
Applicant Name	Income Source	Monthly Amount

References (Other than family members)			
Name	Address	Relationship	Contact number/Email address

Emergency Contact			
Name	Address	Relationship	Contact Number/Email Address

Do You Own Pets? Yes ☐ No ☐		
If Yes, describe type, # of pets, size etc.:		
Do you Require an Accessible Unit? Yes ☐ No ☐		Do You Require Parking? Yes ☐ No ☐

Collection, Use, and Disclosure of Personal Information

Please have all household members this consent and 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 number, income, assets household composition, residency status, rent payment records, etc.
- Opinions, evaluations, comments, social status, or disciplinary actions.
- Employee files, credit records, loan records, medical records, existence of a dispute between a landlord and tenant, intentions (for example: to acquire goods or services, or change jobs).

Collection and Use of your Personal Information

The District of Parry Sound Social Services Administration Board (PSDSSAB) 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 eligibility or tenancy.
- Verifying the information that you have provided in your application for tenancy and its attachments.
- 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 use of the auditor to verify compliance.
- For the purpose 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 PSDSSAB will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- To any 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 *Child Care and Early Years Act, 2014*, or any other 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 in the information is necessary to the purpose of administering or enforcing the *Income Tax Act (Canada)*, *Canada Pension Plan Act*, *Old Age Security Act* or *Immigration and Refugee Protection Act*.
- To any agent on behalf of the PSDSSAB for the purpose of complying with the *Housing Services Act, 2011*.
- To credit bureaus and other businesses that provide credit or rental history information about you.

CONSENT AND DECLARATION

I /We, the undersigned, allow the following consents and declarations knowing they will be relied upon by the District of Parry Sound Social Services Administration Board (PSDSSAB), Housing Services department, to assess my/our initial eligibility for a market unit at The Meadow View.

- I. I have read over the "Collection, Use and Disclosure of Personal Information", on the previous page and fully understand them.
- II. The information I put on this form as applicants and the gross household income is accurate and complete. No household income has been concealed or omitted from this form.
- III. I authorize the PSDSSAB 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 PSDSSAB.
- IV. 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 PSDSSAB.
- V. I understand that failure to supply the PSDSSAB with accurate and complete information on this form may jeopardize my eligibility for housing.
- VI. I authorize and agree that the PSDSSAB may collect, use, and disclose the personal information that I have provided on this form. I understand and acknowledge that the PSDSSAB will also collect, use and disclose my personal information required or permitted by law.
- VII. Signatures of all household members are included below*.

***Signatures are required from all members of the household:**

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

Personal Information discussed or exchanged under the use of this Consent by the District of Parry Sound Social Services Administration Board (DSSAB) will be used for purpose of determining and verifying initial and ongoing eligibility for DSSAB Programs. Questions or concerns about the collection, use or discloser of personal information should be directed to the Human Resource Manager at the District of Parry Sound Social Services Administration Board, 1 Beechwood Dr., Parry Sound, ON, P2A 1J2 or by telephone at 705-746-7777.

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)
(Housing Services Act, 2011)

BANK FORM

Verification of Income Producing Assets

District of Parry Sound Social Services Administration Board

Housing Services

1 Beechwood Drive

Parry Sound, ON P2A 1J2

Telephone: (705) 746-7777

Toll free: 1-800-461-4464

Fax: (705) 774-9958

It is the responsibility of the applicants/tenants to have this form completed by their Bank, Trust Company and/or Credit Union and to ensure that it is returned to the above address. Please contact the office for additional blank forms or copy form as required.

If applicants/tenants have other types of assets, not listed below by the financial institution, please submit additional verification.

Section A. TO BE COMPLETED BY APPLICANTS/TENANTS:

I /We _____ and _____ presently residing at _____ hereby authorize that the information requested below be given to the Housing Services department as required under the terms of my /our current or future tenancy.

_____ Applicant/ Tenant Signature	_____ Date
_____ Applicant/ Tenant Signature	_____ Date

Section B. TO BE COMPLETED BY BANK, TRUST COMPANY OR CREDIT UNION:

Please provide all available information as requested for the tenant(s) named above. All information is treated as confidential.

1. Savings/Chequing Accounts

Account Number	Balance	Current Interest Rate	Interest Earned in Past 12 Months

2. Direct Deposits to Above Accounts (i.e. government, employment, RIFs, LIFs income, etc.)

Source	Amount	Frequency

Source	Amount	Frequency

3. TFSA's, Term Deposits, Investment Certificates, GICs, etc.

Security	Value	Current rate	Interest earned in 12 months	Maturity date

4. Registered Retirement Savings Plan(s)

Registration Number	Value	Valuation Date dd/mm/yyyy	Type of RRSP

Stamp or Seal of Financial Institution	Name of Financial Institution		
	Address		
	Authorized Signature		Date
	Print Name and Position		Telephone

