



1201 JASPER DRIVE, SUITE B, THUNDER BAY, ON P7B 6R2
 PHONE: (807) 343-0414 EMAIL: INFO@HAGI.CA WWW.HAGI.CA

APPLICATION FOR ACCESSIBLE RENT-GEARED-TO-INCOME HOUSING ASSISTANCE

Make sure you have read and understand our Privacy Policy, Disclaimer, and Terms & Conditions before proceeding with your application.

Section 1

SECTION 1 Primary Applicant Details		
Name (Last Name, First Name)	Date of Birth (DD/MM/YYYY)	Sex () Male () Female () Prefer not to say
Marital Status:	Maiden Name/Alias:	Telephone Number:
SIN:		Telephone Number:
Status in Canada (proof of legal status must be provided for all household members) () Canadian Citizen () Permanent Resident () Landed Immigrant () Refugee Claimant		What is your mother tongue: If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable? () French () English () Other _____
Do you identify with any of the following Indigenous peoples? () Inuit () Non-Status Indian () Metis () Status Indian		
Name of Band: _____		
Current Accommodations: Unit #: _____ Street Address: _____		

Please fill in the following information for the people who would be living in the unit (include children, if any). List yourself first. Income should include all sources (work, pensions, UIC, support payments, interest, ODSP, social assistance).

Income					
Name	Age	Sex	Relationship to Applicant	Gross Income Per Year	Source of Income
			SELF		



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Section 2

Referring Individual (who is making the application):			
Name (Last Name, First Name)		Relationship:	Contact Person ()Yes ()No
Address:		Work Phone Number:	
City	Province	Postal Code	Fax Number:

Support Network /Emergency Contacts			
Name (Last Name, First Name)		Relationship	Contact Person ()Yes ()No
Address:		Home Phone Number	
City	Province	Postal Code	Work Phone Number
Name (Last Name, First Name)		Relationship	Contact Person ()Yes ()No
Address:		Home Phone Number	
City	Province	Postal Code	Work Phone Number

Education and Employment		
Name of Last School Attended:	Address of School:	
Level Attained:	Year Completed:	
Name of Last Employer:	Position:	How long were you there?

Leisure:

What do you enjoy doing in your spare time?

Section 3

Reason for Application
Applicant: _____ _____ _____
Referring Individual : _____ _____



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Please list what other services you are currently receiving.

Section 4

Type of Accommodation Requested	Preferred Location/Program
<input type="checkbox"/> Bachelor <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> Jasper - 1201 Jasper Dr 1 & 2 Bedroom Units <input type="checkbox"/> Castlegreen - 150 Castlegreen Dr Bachelor & 2 Bedroom Units
Accessibility	
<p>I/ We require a unit with special accessibility options :</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Do you require a parking space?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Pets?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If so how many and what kind? _____</p> <p>_____</p> <p>_____</p>	<p>I/We require the following type of unit:</p> <input type="checkbox"/> Barrier Free (Internally modified for wheelchair) <input type="checkbox"/> Other Accessibility (Walker, Braces, Etc) <input type="checkbox"/> Other Modifications (Hearing Impairment, etc.) <p>Please Specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Can you climb stairs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 5

Medical Information:	
Primary Disability	Onset of Disability
Secondary Disability	Onset Of Disability

Physical Status	
Do you require a <i>wheelchair</i> ? () No () Yes	Yes, is it - () manual? () motorized?
Do you require <i>other assistive devices</i> ? () No () Yes, please state what is needed:	
Can you transfer independently? () Yes () No, please describe assistance needed: _____	
Are there any communication issues? () No () Yes, please describe: _____	
Any other physical conditions that should be mentioned? (allergies, heart conditions, diet restrictions, etc) () No () Yes, please describe: _____	

Medical Professionals: (e.g. General Practitioner, Specialist)			
Name	Specialty	Address, Phone Number	Last Seen

(Add additional pages if necessary)

Medication Administration - Self () or () Assistance required, specify what level _____



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Section 6

References (Please list three other than relatives)		
Name	Address	Telephone Number

Your Signature and Authorization

By signing below, you agree that you understand the Privacy Policy, Disclaimer, Terms and Conditions and how your information will be used to process your application for services from HAGI. You can read these items on our website at www.hagi.ca

I agree I have read and understand the above conditions for my application and how my personal health information will be used to determine my programs or service eligibility with HAGI.

Signature of Applicant and /or Substitute Decision Maker: _____

Date of Application: _____

Please return completed application to:
Handicapped Action Group Inc. (HAGI)
1201 Jasper Drive, Suite B, Thunder Bay ON P7B 6R2
PHONE: (807) 343-0414
EMAIL: info@hagi.ca