

RURAL AND NATIVE HOUSING  
**GENERAL PROGRAM INFORMATION**

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**WHAT IS THE RURAL AND NATIVE HOUSING (RNH) PROGRAM?**

The Rural and Native Housing Program (RNH) is **not emergency housing**.

The Rural and Native Housing (RNH) Program is designed to assist eligible families in rural areas to have access to adequate, suitable and affordable housing.

The rent in the RNH Program is based on 25% of the gross total household income.

**WHO IS ELIGIBLE?**

You may be eligible for assistance under the Rural and Native Housing Program Rental if;

- Your utilities and rental balances (past and present) are currently up to date
- You have **not** been placed in the RNH Program in the past
- Your total gross household income is at or below the maximum allowed under the program for your area and family composition
- Your present housing situation is not adequate or suitable (*For example, it may need major repairs or if it is overcrowded*)
- You are presently paying more than 30% of your gross family income to live in suitable housing

Due to the demand and volume of applications for geared-to-income housing, we must prioritize all applicants based on the RNH Guidelines set out by the Ontario Aboriginal Housing Services. Applications are selected on a priority basis, that is, those with the greatest need are housed first. If you rate as a high priority against other applicants for your area when a housing unit becomes available, you may be contacted for an interview.

Please complete the attached application in **FULL** and return to:

**Métis Nation of Ontario  
Infinity Property Services  
226 South May Street  
Thunder Bay, ON P7E 1B4**

**OR**

**Fax: 1-807-626-9030**

Have questions? Contact an Operations Support Coordinator at:  
Toll Free 1-800-891-5882 or Locally 807-626-9300





**ONTARIO ABORIGINAL  
HOUSING SERVICES (OAHS)**  
Housing Application

Métis Nation  
of Ontario 

Property Management Group (PMG): <b>504-041</b>	<b>INFINITY PROPERTY SERVICES</b> AN AGENCY OF <b>THE METIS NATION OF ONTARIO</b>	Address: <b>226 South May Street Thunder Bay, ON P7E 1B4</b>
Phone #: <b>(807) 626-9300</b>	Toll Free: <b>1(800) 891-5882</b>	Fax #: <b>(807) 626-9030</b>

**SECTION # 1: APPLICANT INFORMATION**

Last Name:		First Name:	
Middle Name:		Maiden Name:	
Marital Status:    Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>			
Date of Birth:	_____	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
		MM / DD / YYYY	
Applicant's Social Insurance Number (SIN):			

**APPLICANT MAILING ADDRESS:**

Street Name & Number:		City / Town:	
Post Office Box #:		Postal Code:	
Home Phone Number:		Office Number:	
Applicant's E – Mail Address:			
Can you accept personal calls:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can OAHS / PMG contact you safely at this address & phone number:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, where can OAHS / PMG contact you? :			
Preferred mode of Communication:	Mail <input type="checkbox"/>	E – Mail <input type="checkbox"/>	Phone <input type="checkbox"/> Other <input type="checkbox"/>
Special Notes:			
<b>Your Present Accommodation / Home Information:</b>		Own <input type="checkbox"/>	Rent <input type="checkbox"/> Temporary <input type="checkbox"/> Co-Own <input type="checkbox"/>

**OTHER INFORMATION: Person/s to contact in your absence or to act as an Interpreter**

Name:	Relationship to Applicant:	Telephone Number:

<b>SECTION # 2: CO – APPLICANT</b>		Note: Include only those co – applicants who will be living with you	
Last Name:		First Name:	
Middle Name:		Maiden Name:	
Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>			
Date of Birth:	_____	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
MM / DD / YYYY			
Co - Applicant's Social Insurance Number (SIN):			

<b>CO - APPLICANT MAILING ADDRESS:</b>				(Leave blank if same as Applicant)	
Street Name & Number:				City / Town:	
Post Office Box #:				Postal Code:	
Home Number:				Office Number:	
Co - Applicant's E – Mail Address:					
Can you accept personal calls:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Can OAHS / PMG contact you safely at this address & phone number:		Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, where can OAHS / PMG contact you? :					
Preferred mode of Communication:		Mail <input type="checkbox"/>	E – Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Other <input type="checkbox"/>
Special Notes:					
<b>Your Present Accommodation / Home Information:</b>			Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Temporary <input type="checkbox"/> Co – Own <input type="checkbox"/>

<b>SECTION # 3: OTHER MEMBERS</b>		Please include any additional Household Member/s			
Relationship to Applicant: Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/>					
Friend <input type="checkbox"/> Other Relative <input type="checkbox"/>					
Last Name:			First Name:		
Middle Name:			Maiden Name:		
Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>					
Date of Birth:	_____	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
MM / DD / YYYY					
Other Member's Social Insurance Number (SIN):					
Student:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Disabled:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Senior:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Special Notes:					

<b>OTHER MEMBERS</b>		Please include any additional Household Member/s						
Relationship to Applicant:		Child <input type="checkbox"/>	Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Grandchild <input type="checkbox"/>	Other <input type="checkbox"/>		
		Friend <input type="checkbox"/>	Other Relative <input type="checkbox"/>					
Last Name:			First Name:					
Middle Name:			Maiden Name:					
Marital Status:		Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>	
Date of Birth:	_____		Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
		MM / DD / YYYY						
Other Member's Social Insurance Number (SIN):								
Student:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Disabled:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Senior:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>
Special Note:								

<b>OTHER MEMBERS</b>		Please include any additional Household Member/s						
Relationship to Applicant:		Child <input type="checkbox"/>	Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Grandchild <input type="checkbox"/>	Other <input type="checkbox"/>		
		Friend <input type="checkbox"/>	Other Relative <input type="checkbox"/>					
Last Name:			First Name:					
Middle Name:			Maiden Name:					
Marital Status:		Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>	
Date of Birth:	_____		Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
		MM / DD / YYYY						
Other Member's Social Insurance Number (SIN):								
Student:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Disabled:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Senior:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>
Special Note:								

<b>OTHER MEMBERS</b>		Please include any additional Household Member/s						
Relationship to Applicant:		Child <input type="checkbox"/>	Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Grandchild <input type="checkbox"/>	Other <input type="checkbox"/>		
		Friend <input type="checkbox"/>	Other Relative <input type="checkbox"/>					
Last Name:			First Name:					
Middle Name:			Maiden Name:					
Marital Status:		Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common Law <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>	
Date of Birth:	_____		Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
		MM / DD / YYYY						
Other Member's Social Insurance Number (SIN):								
Student:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Disabled:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>	Senior:	Yes <input type="checkbox"/>	or No <input type="checkbox"/>
Special Note:								

**SECTION 4: PREVIOUS TENANCY**

Note: Please specify any previous tenancies in Rental accommodation in Ontario

Tenants Name:		Tenants Name:	
Address line 1:		Address line 1:	
Address line 2:		Address line 2:	
City / Town:		City / Town:	
Postal Code:		Postal Code:	
Occupancy From:		Occupancy From:	
Occupancy To:		Occupancy To:	
Landlord Name		Landlord Name	
Landlord address:		Landlord address:	
City / Town:		City / Town:	
Postal Code:		Postal Code:	
Landlord Phone #:		Landlord Phone #:	
Subsidized:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Subsidized:	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Arrears:	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Arrears:	Yes <input type="checkbox"/> or No <input type="checkbox"/>

**GENERAL INFORMATION:**

How long have you or your spouse lived in this community: Years \_\_\_\_\_ or Months \_\_\_\_\_

**DETAILS ON PRESENT RENTAL ACCOMMODATIONS:**What do you rent at present: House  Apartment  Other 

Briefly describe your present accommodations:

What is your Monthly Rent: \$ \_\_\_\_\_ (per month) Includes Heat / Hydro / Water: Yes  No 

Utilities: If utilities are not included in your rent, how much do your utilities cost you a month:

Heat \$ \_\_\_\_\_ Hydro \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

How many bedrooms do you have (present time): # of Bedrooms: \_\_\_\_\_

Is it a Government Assisted Rental:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you applied for any other subsidized housing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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What is the Age and general condition of the Housing Unit:

**SECTION # 5: ELIGIBILITY REQUIREMENTS**

Do you owe any money to any Housing Provider:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, Name Housing Provider & Amount owing:		Name: _____ Amount Owing: \$ _____	
Are you receiving Social Assistance:		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$ _____	
If Yes, what kind of Assistance:	Ontario Works	<input type="checkbox"/>	Ontario Disability Support Program <input type="checkbox"/>
	Other <input type="checkbox"/> , indicate from whom _____		
How did you hear about this program?			
Why do you feel that you require assistance under this program?			
(For Statistical purposes only) Are you or your spouse of Native Ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Native ancestry includes Status Indian, Non – Status, Métis, or Inuit) How Many? <input type="text"/>			
Have you ever rented or owned a home from a Social Housing Provider in Ontario?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where & When?			
Are there any Arrears Owing:		Yes <input type="checkbox"/> No <input type="checkbox"/>	How much Owing in Arrears? \$ _____
In which Township are you currently living in? (Township Name):			

**IN CASE OF EMERGENCY**

Please provide three (3) family members including their address and telephone numbers

1)

2)

3)

**SECTION # 6: BANKING INFORMATION**

Name of Bank:	
Address:	
Account Number:	
Name of Bank:	
Address:	
Account Number:	
Are you aware of any judgments, writs, executions or pending court actions:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>ASSETS AND LIABILITIES</b>	
<b>ASSETS:</b>	(Approximate Value)
Cash:	\$
Vehicle:	\$
Furniture:	\$
Investments:	\$
<b>CASH VALUE OF:</b>	
Insurance:	\$
Real Estate:	\$
Other:	\$
<b>TOTAL VALUE OF ASSETS:</b>	<b>\$</b>

<b>LIABILITIES:</b>		(Approximate Value)	
	Balance	Monthly Payments	
Personal Loans	\$	\$	
Car Loans	\$	\$	
Other Loans	\$	\$	
Credit Cards	\$	\$	
Other:	\$	\$	
Other:	\$	\$	
<b>TOTAL LIABILITIES:</b>	<b>\$</b>	<b>\$</b>	

<b>APPLICANT ACKNOWLEDGEMENT</b>
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I understand this application does not constitute a commitment on the part of the Ontario Aboriginal Housing Services (OAHS) or its agents to provide me with housing accommodation. The Personal information provided is collected, retained and disclosed pursuant to OAHS "Private Policy". I acknowledge that this survey is the property of OAHS and the information contained herein is true to the best of my knowledge. I hereby, authorize OAHS or its agent to make inquiries as deemed necessary including a credit investigation to establish my eligibility for assistance under the Rural & Native Housing Program.

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

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
**Signature of Co – Applicant**

\_\_\_\_\_  
 Date:



<b>SECTION # 7:</b>		<b>CLIENT AFFORDABILITY ANALYSIS</b>	
<b>“Confidential”</b>			
Applicants Name:		RNH Account #:	
Co – Applicants Name:		Designated Area For Delivery:	_____ _____

**A) Fixed Monthly Costs:**

**Current Monthly Expense**

Housing _____	Rent _____	Mortgage _____	
Utilities:	Telephone _____		Taxes _____
	Heat _____		_____
	Hydro _____		_____
	Water _____		_____
Debt Payments (Identify)			_____
	_____		_____
	_____		_____
	_____		_____
Insurance	House _____		_____
	Life _____		_____
	Auto _____		_____
Maintenance Allowance			_____

**B) Monthly Living Costs:**

	Food _____	
	Clothing _____	
	Medical & Dental _____	
	Transportation – Own Vehicle _____	
Other _____		
Incidentals (Books, Gifts, School Supplies etc...)		_____
	Cumulative Totals (A + B) =	_____

**C) Current Monthly Income:** All sources (Take Home) \_\_\_\_\_

**D) Disposable Monthly Income:** C – (A + B) = \_\_\_\_\_

We verify that we have discussed the Affordability Analysis and that all aspects of the Application package are understood by all of the Undersigned.

<b>Applicant’s Signature</b>	<b>Co – Applicant’s Signature</b>	Date
Agent’s Signature	Agency Full Name	Date

<b>VERIFICATION OF INCOME</b> (Social Assistance)	
<b>“Confidential”</b>	
To: Infinity Property Services	Date:

The following verification is provided to Ontario Aboriginal Housing Services or its agent in strict confidence, as requested by the recipient to support his / her application for housing.

Recipient's Name:		Address:	
Type of Benefit / Assistance Provided:			
Financial Assistance Breakdown:	a) Basic Needs	\$	
	b) Shelter Component	\$	
	c) Heating Allowance	\$	
	d) Other Allowances (Medical etc...)	\$	
Field Worker's Comments:			
Field Worker's Signature:	Office Address:	Telephone #:	

<b>VERIFICATION OF INCOME</b> (To be completed by your Employer & Signed)	
<b>“Confidential”</b>	
To: Infinity Property Services	Date:

The following salary or wage verification is provided to Ontario Aboriginal Housing Services or its agent in strict confidence as requested by the employee to support his / her application for housing.

Name of Employer:			
Employee's Name:		Employee's Address:	
City / Town:		Postal Code:	
Phone Number:		Fax Number:	
No. of Years Employed:		Current Position:	
Gross Earnings / Previous Year.		Employee Bonuses:	
PRESENT REGULAR SALARY or WAGE RATE			
\$ _____ (per hour wage)	\$ _____ (per week)	\$ _____ (per Annum)	
Employer's Comments:			
Prospects for Continued Employment:			
Other Remarks:			
Signature: Certified that the above is true and correct		Title:	

## STATUTORY DECLARATION

I / We make the above , the following and all other, whether verbal or written representations, to the Ontario Aboriginal Housing Services (OAHS) knowing that they will be relied upon by OAHS and its member social housing providers, to assess my qualifications for rental accommodation and to establish rent:

- 1) I / We have read the definitions of Income and Gross Household Income set out on this form and I / we fully understand them. I / We understand the requirements for reporting all household income and assets and I / we agree to comply. I / We have reported all income received and all assets currently owned and any assets transferred within the last three years by every member of the household.
- 2) I / We have supplied the information in this application to the best of my / our knowledge and belief. All statements are true and no information, required to be given, has been withheld or omitted.
- 3) I / We understand that if rental accommodation is provided to me / us that accommodation is to be occupied only by myself, the co – applicant/s and “those persons listed in section 3 – Other Members” subject to approval.
- 4) I / We will notify the Ontario Aboriginal Housing Services within 10 business days of any changes in my / our circumstances / application while I / we are on the waiting list.
- 5) I / We will notify the appropriate social housing provider within 10 business days of any changes in my / our circumstances once I / we are placed in a housing unit.
- 6) I / We declare that I / we are in Canada legally.
- 7) I / We understand that it is an offence, under the Social Housing Reform Act, for an applicant or any individual to knowingly obtain or assist a household member to obtain rent – geared - to income assistance for which they are not entitled. Such an offence carries up to a \$5,000.00 fine or up to 6 months imprisonment as well as a prohibition from reapplying for assistance for a minimum period of two years. If something on this application is missing, incorrect or false, the OAHS or the housing providers I / we have applied to may request additional information or may cancel my / our application.

## CONSENT TO DISCLOSE AND VERIFY INFORMATION

The disclosure of information contained in this application and associated documents and verification is done for the purpose of processing the application including, but not limited to: determining the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared – to - income rent / housing charge payable to the household. Any information contained on this form or in attachments, is collected by OAHS and associated housing providers, pursuant to the Social Housing Reform Act (2000). Inquiries relating to this collection should be directed to the Property Manager at Infinity Property Services.

This information will be used to determine the eligibility of housing applied for, the continuation of eligibility geared - to - income housing, and may be used to determine the appropriate geared - to - income rent / housing charge and other purposes allowed by law.

- 1) I / We agree to provide any supporting material required for my / our application.
- 2) I / We further consent to OAHS or its member social housing providers, disclosing to any party personal information about any member of the household, for the purpose of determining or verifying my / our initial or continued rent geared - to - income assistance or administering my / our rent geared to income assistance.
- 3) I / We consent to the release of any information to OAHS about any bank account, safety deposit box, assets of any nature or kind held by me / us, or on my / our behalf, or by or on behalf of any of my / our dependants or children temporarily in my / our care, alone or jointly with any other person in any financial institution.
- 4) I / We further consent to the exchange of information with any social housing provider associated with OAHS, an Ontario Works delivery agent, a credit bureau, the Government of Canada, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, or any party in order to verify information for the purposes of determining or verifying initial or continued eligibility for and administration of my / our rent geared - to - income assistance. Any arrears information will be shared with Access Centers across the province once the lease or occupancy agreement is terminated.

**STATUTORY DECLARATION – cont'd**

- 5) I / We hereby release OAHS, all associated housing providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information. In the event that I / we am / are provided with rental accommodation as a result of my / our application,
- 6) I / we acknowledge that my / our eligibility shall be reviewed at least every twelve (12) months and that I / we have the same obligation to provide information required by the review. In the event that I / we am / are provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me / us by OAHS and my / our housing provider, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me / us.
- 7) I / We understand that any information on this form and any attachment given by OAHS to a body listed above as confidential and will only be given in accordance with the Social Housing Reform Act, 2000.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Co – Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Co – Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
Date

**Notice with Respect to the Collection of Personal Information**  
(Personal Information Protection and Electronic Documents Act)  
(Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Social Housing Reform Act, 2000, S.O. 2000, c. 27 Sections 162, 163, 164, and 166, as amended. The information 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; Province – wide Arrears data base and to social and government agencies providing social assistance to the applicant in accordance with the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F. 31, as amended. [Social Housing Reform Act, 2000 s. 162. (1)]

# PREFERRED HOUSING LOCATION

**THIS FORM MUST BE INCLUDED WITH YOUR APPLICATION**

Please identify which RNH communities interest you and sign page 2:

## SIMCOE REGION

I am interested in any unit in the Simcoe Region

**Barrie Area**

<input type="radio"/> Angus	<input type="radio"/> Elmvale
<input type="radio"/> Phelpston	<input type="radio"/> Stayner
<input type="radio"/> <b>No preference</b> within Barrie Area	

**Couchiching Area**

<input type="radio"/> Cumberland Beach	<input type="radio"/> Sebright	<input type="radio"/> Ramara
<input type="radio"/> Orillia	<input type="radio"/> Warminster	<input type="radio"/> Washago
<input type="radio"/> <b>No preference</b> within Couchiching Area		

**Georgian Bay Area**

<input type="radio"/> Victoria Harbour	<input type="radio"/> Honey Harbour	<input type="radio"/> Port McNicoll
<input type="radio"/> Midland ( <i>rural</i> )	<input type="radio"/> Coldwater	<input type="radio"/> Waubauskene
<input type="radio"/> Wyevale	<input type="radio"/> Tiny	<input type="radio"/> Port Severn
<input type="radio"/> Penetanguishene ( <i>rural</i> )		
<input type="radio"/> <b>No preference</b> within Georgian Bay Area		

## MUSKOKA REGION

I am interested in any unit in the Muskoka Region

**Huntsville Region Area**

<input type="radio"/> Huntsville ( <i>rural</i> )	<input type="radio"/> Utterson
<input type="radio"/> <b>No preference</b> within Huntsville Area	

**Lake of Bays Area**

<input type="radio"/> Dorset	<input type="radio"/> Baysville
<input type="radio"/> <b>No preference</b> within Lake of Bays	

**Bracebridge/Gravenhurst Area**

<input type="radio"/> Bracebridge ( <i>rural</i> )	<input type="radio"/> Port Carling (PS)
<input type="radio"/> Gravenhurst ( <i>rural</i> )	
<input type="radio"/> <b>No preference</b> within Bracebridge/Gravenhurst	

## PARRY SOUND REGION

I am interested in any unit in the Parry Sound Region

**East Parry Sound**

<input type="radio"/> Arnstien	<input type="radio"/> Emsdale	<input type="radio"/> Port Loring
<input type="radio"/> Burk's Falls	<input type="radio"/> Katrine	<input type="radio"/> Sundridge
<input type="radio"/> Dunchurch	<input type="radio"/> Kearney	<input type="radio"/> Whitney
<input type="radio"/> <b>No preference</b> within East Parry Sound		

**West Parry Sound**

<input type="radio"/> Mactier	<input type="radio"/> McDougall	<input type="radio"/> Pointe au Baril
<input type="radio"/> Nobel	<input type="radio"/> Rosseau	<input type="radio"/> Sequin
<input type="radio"/> <b>No preference</b> within West Parry Sound		

## YORK REGION

I am interested in any unit in the York Region

<input type="radio"/> Cannington	<input type="radio"/> Pefferlaw	<input type="radio"/> Jackson's Point	<input type="radio"/> Port Bolster	<input type="radio"/> Willow Beach
<input type="radio"/> <b>No preference</b> within York Region				

## BRUCE PENNINSULA

I am interested in any unit in the Bruce Peninsula Region

**North Bruce Peninsula**

<input type="radio"/> Lion's Head	<input type="radio"/> Stokes Bay
<input type="radio"/> Pike Bay	<input type="radio"/> Tobermory
<input type="radio"/> <b>No preference</b> within North Bruce Peninsula	

**South Bruce Peninsula**

<input type="radio"/> Hepworth	<input type="radio"/> Wiarton	<input type="radio"/> Shallow Lake
<input type="radio"/> Mar	<input type="radio"/> Miller Lake	<input type="radio"/> Georgian Bluffs
<input type="radio"/> <b>No preference</b> within South Bruce Peninsula		

## SOUTH BRUCE / GREY REGION

I am interested in any unit in the Bruce/Grey Region

**Arran-Elderslie**

<input type="radio"/> Allenford	<input type="radio"/> Dobbinton	<input type="radio"/> Tara
<input type="radio"/> Chesley	<input type="radio"/> Paisley	
<input type="radio"/> <b>No preference</b> within in Arran-Elderslie		

**Grey Highlands/Southgate**

<input type="radio"/> Flesherton	<input type="radio"/> Dundalk
<input type="radio"/> Markdale	
<input type="radio"/> <b>No preference</b> within Grey Highlands/Southgate	

**Chatsworth**

<input type="radio"/> Chatsworth	<input type="radio"/> Desboro
<input type="radio"/> <b>No preference</b> within Chatsworth Township	

**Meaford/Owen Sound Region**

<input type="radio"/> Bognor	<input type="radio"/> Owen Sound ( <i>rural</i> )
<input type="radio"/> Meaford	
<input type="radio"/> <b>No preference</b> within Meaford/Owen Sound	

## THUNDER BAY DISTRICT

I am interested in any unit in the Thunder Bay District

**Greenstone**

<input type="radio"/> Beardmore	<input type="radio"/> Caramat
<input type="radio"/> Jellicoe	<input type="radio"/> Longlac
<input type="radio"/> MacDiarmid	<input type="radio"/> Nakina
<input type="radio"/> <b>No preference</b> within Greenstone Area	

**Thunder Bay**

<input type="radio"/> Armstrong	<input type="radio"/> Conmee	<input type="radio"/> Dorion
<input type="radio"/> Hurkett	<input type="radio"/> Kakabeka Falls	<input type="radio"/> Kaministiquia
<input type="radio"/> Lybster	<input type="radio"/> Marathon	<input type="radio"/> Neebing
<input type="radio"/> Nipigon	<input type="radio"/> O'Connor	<input type="radio"/> Oliver / Paipooonge
<input type="radio"/> Red Rock	<input type="radio"/> Rossport	<input type="radio"/> Schreiber
<input type="radio"/> South Gillies	<input type="radio"/> Terrace Bay	<input type="radio"/> Upsala
<input type="radio"/> <b>No preference</b> within Thunder Bay East		

## ALGOMA DISTRICT

<input type="radio"/> Hornepayne	<input type="radio"/> White River	<input type="radio"/> <b>No preference</b> within area
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## KENORA DISTRICT

<input type="radio"/> Pickle Lake	<input type="radio"/> <b>No preference</b> within area
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**If you have selected an entire District or more than three (3) preferred communities, please identify your top three preferences:**

<b>1</b>		<b>2</b>		<b>3</b>	
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Do you have any comments or special requests?

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Applicant Name:		Signature:	
Co-Applicant Name:		Signature:	