PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY

FILE # _____ Date: _____

RMATION			
	Last Name:		-
Yes No	Registry Number:		_
MATION			
	City:		
Cell I	Phone:	Work Phone:	
	Message Number:		
ll other household	members. If required a	attach separate sheet	for more
Last Name	Relationship	Birthday	Age
family joining, famil	ly leaving, child in care)	Yes No	
	Yes No MATION Cell I CRMATION Il other household Last Name e number of people family joining, famile	Last Name: Yes No Registry Number: MATION City: Cell Phone: Message Number: Message Numbers. If required and the state of people living with you to change family joining, family leaving, child in care)	Last Name:

5.	Please	provide	information	on your	last	three	landlords.
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Rental Address	From Date	To Date	Landlord Name	Landlord Number	Reason for Leaving

6. Tenancy Info	rmation
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Money Owing	YES		NO
If there is money owing			
How Much: \$	Have you made arra	angements for rep	payment? Y N
If yes please attach a copy of t		-	
Reason for debt:			
Note: Failure to declar	e past subsidized housing	or debts owed t	o subsidized housing
providers may result in	cancellation of your appl	ication	

7. Income and Asset Information

Is anyone in the I	nousehold rece	eiving income	assistance f	from the N	Inistry of Soc	cial Developn	าent
(MSD)? Yes	No	_					

If Yes, please complete the table below for each person receiving assistance.

Monthly amount	Category
	Person with Disability (PWD) Person with Persistent Multiple Barriers (PPMB) Employable

For all other income sources,	list gross monthly	income (before	deductions) for	everyone age 2	19 and
older					

Name	Income Source (Employment, E.I, Pension)	Gross Monthly Income \$
	Total gross monthly income for household	
B. CURRENT ACCOMADATION		
Oo you: Rent Own	Share Expenses Other	
How much is your rent payment?	°\$	
low many bedrooms does your	nousehold have?	
Have you received a legal notice Please attach copy of notice to en	to end tenancy?Yes No)
f Yes, what date do you have to	move by?	
f you are NOT under notice to m	ove, please tell us why you want to	o move:
). Health and Mobility Informa	tion	
<u> </u>	ousing that best suits your needs, plealth condition or disability go to S	
Oo you, or any members of your	household, have restrictions with s	stairs?
No Restrictions Canno	t Manage Stairs Limited # of	Stairs (If so how many?)
Oo you, or any members of your	household, use a:	
Vheelchair? Yes No	Scooter? Yes No	

Other than mobility concerns, do you, or any members of your household, have a health condition or disability? Yes No					
Please explain the health condition or disability:					
Please describe any special requirements or features that you may need in your housing related to your mobility or health condition.					
10. Housing Preferences/Choices Answers to the questions below will help the Ho	ousing Department match you to suitable units.				
Some units in some buildings have been specially modified for seniors and people with disabilities who need some assistance to live independently.					
Do you need a specially modified unit?	Yes No				
Would you live in a ground floor unit?	Yes No				
Do you have any pets?	Yes No				
If Yes, how many pets in total?					
If you have a dog, is it a Seeing Eye dog?	Yes No				

There are more people applying for housing than vacant units. Therefore, the time to find housing can be very long.

However, please note that if you refuse two offers of housing, your application will be cancelled, or put to the bottom of the list. For that reason, you must be sure that you are prepared to live in any of the dwellings or units.

Please note that you must follow up with our housing department every 6 months to ensure your application is still up to date.