



Office Use Only:
Date Rec'd

Administration Office
 90 Shuter St. 2nd Floor
 Toronto, ON M5B 2K6
 Ph. 416-395-0913
 Fax 416-214-1873

Application Form for Alternative Supportive Subsidized Housing

The information being collected in this application is being gathered for the purposes of establishing eligibility for alternative supportive housing. **If you are seeking affordable housing please contact Housing Connections at 416-981-6111**

Please PRINT and fill out all sections of this form. **Incomplete applications may be returned.**

SECTION 1 – APPLICANT INFORMATION					
First Name:		Middle Name:		Family (last) Name:	
Apartment Number:		Street Address:			
City:	Province:	Postal Code	Home Phone #:	Work Phone #:	
Mailing Address (If different from above address):					

SECTION 2 – TYPE OF HOUSING DESIRED:					
Please circle your choice.					
single rooms 90 units	bachelors limited #	1 bdrm. limited #	2 bdrm. limited #	3 & 4 bdrm. 4 of each	Strachan Hse. 76 units

SECTION 3 – CONTACT		Please list a person we can contact on your behalf. For example, interpreter, agency, relative, friend, community support worker, or case manager.			
Contact name and daytime number (where we can leave a message if we are unable to contact you directly):					
Name:		Phone Number:		Relationship:	
Is anyone/agency helping you with your housing search?			If yes, may we contact them?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Name:			Agency Phone Number:		

SECTION 4 – HOUSEHOLD INFORMATION					List all people, <u>including yourself</u> , that will be living with you. Use extra paper if needed.	
NAME	RELATIONSHIP TO YOU	DATE OF BIRTH			SEX M/F	STATUS IN CANADA (Citizen, Landed Immigrant, Refugee Claimant)
		M	D	Y		
	myself					

SECTION 5 – ACCOMMODATION REQUIREMENTS

Do you require special needs housing? Yes No
If yes, please describe:

Are you or anyone you listed on this application living with someone who threatens your/their safety? (Proof will be required.) Yes No

Is there a personal situation that makes your need for housing urgent? Yes No

If yes, please specify: _____

Special consideration may be given to the following groups. Are you:
16 - 17 years old? Yes Homeless/in temporary housing? Yes
A person who has been in Canada for less than one year? (Proof will be required.) Yes

If yes, please give date of arrival in Canada: _____

Are you able to live independently without support services? Yes No

If no, please specify what type of support service(s) you require: see below

Are you a member of First Nations, Métis, or Inuit? Yes No

SECTION 6 – SUPPORT NEEDS/LIFE SKILLS Homes First is Supportive Housing.
Which of the following supports needs would be best suited for you? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Spousal Abuse/Personal Safety | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family Support/Issues |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Social Isolation (leisure time) | <input type="checkbox"/> Immigration Assistance |
| <input type="checkbox"/> Hoarding Mgmt. | <input type="checkbox"/> Other: _____ |

LIFE SKILLS LESSONS IN:

- | | |
|--|---|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> House Keeping | <input type="checkbox"/> Personal Hygiene |

SECTION 7 – INCOME INFORMATION List all monies being received by you and **ALL** persons who will be living with you in subsidized housing. Use extra paper if needed. This section must be completed in full or your application may be returned to you.

NAME	INCOME SOURCE	GROSS INCOME PER MONTH (Before taxes)
Your name:		

SECTION 8 – ASSETS INFORMATION List all assets owned by you and all persons who will be living with you. Use extra paper if needed.

NAME	TYPE OF ASSET	VALUE
Your name:		\$
		\$
		\$
		\$
		\$

SECTION 9 – HOUSING/SHELTER HISTORY List all previous addresses for the past 3 years. Use extra paper if needed.

Apartment Number:	Street Address:	City:
Landlord's name/agency:		Phone Number:
Landlord's address:	City:	Postal Code:
Date you moved in:	Date you moved out:	Reason for moving:

Apartment Number:	Street Address:	City:
Landlord's name/agency:		Phone Number:
Landlord's address:	City:	Postal Code:
Date you moved in:	Date you moved out:	Reason for moving:

SECTION 10 – PREVIOUS SUBSIDIZED HOUSING INFORMATION		Use extra paper if needed.
Have you, or anyone you have listed in Section 3, ever lived in subsidized housing anywhere in Ontario? If yes, please give details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person who lived in subsidized housing:		
Name and address of housing provider:		City: Postal Code:
Date moved in:	Date moved out:	Reason(s) for moving:
Do you, or anyone you have listed in Section 3, owe money to the above or to any other subsidized housing provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate amount owing: \$		Last payment due date:

SECTION 11 – CONSENT TO RELEASE	Here is your legal agreement with us. Please read it carefully and sign in the spaces below.
<p>I understand that there are laws that allow Homes First Society to collect personal information about me.</p> <p>I understand that Homes First Society will use the information I give them to see if I qualify for subsidized housing.</p> <p>I give Homes First Society and housing providers permission to check the information I have given them with the person or agency that can confirm the information.</p> <p>Homes First Society 90 Shuter Street, 2nd Floor Toronto, ON M5B 2K6</p>	
Please sign here:	Signature of household members over the age of 16 years:
<u>X</u> _____	<u>X</u> _____
Applicant's Signature:	
Date: _____	<u>X</u> _____
<u>X</u> _____	<u>X</u> _____
Spouse's/co-applicant's Signature:	
Date: _____	

SECTION 12 – DECLARATION

I give my word that everything I have written in this application is correct and complete.
I understand that all information I give to Homes First Society will belong to them and they will disclose my information only with my permission.
If something on this application is incorrect or not true, Homes First Society or the housing provider may cancel my application; take legal action, or both.
I understand that only the people I have listed here may live with me in subsidized housing.
I give my word that I am in Canada legally. Before I can receive housing, I understand that I must pay back or make arrangements to pay any money I owe to any subsidized housing agency.

Please sign here:

X _____

Applicant's Signature:

Date: _____

X _____

Spouse's/co-applicant's Signature:

Date: _____

Signature of household members over the age of 16 years:

X _____

X _____

X _____

Personal information contained on this form is collected under the authority of the City of Toronto Act, 1997 (No. 2) and the Social Housing Reform Act, S.O. 2000, c.44, s. 62(2) and 68(2). The information will be used to determine current/ongoing eligibility for rent-geared-to-income assistance, special needs housing, and geared-to-income rent payable and for statistical reporting. Questions about this collection may be directed to the Tenant Services Supervisor.