



community based affordable housing
Consultation Administration Management
Member of the Ontario Non-Profit Housing Association

Toronto Christian Resource Centre Self-Help Inc.
90 Richmond St., E, Suite 201 Toronto, Ontario M5C 1P1
Phone: (416) 591-6389 Fax: (416) 591-5396

Dear Applicant:

Thank you for applying to CRC Self-Help for housing. CRC Self-Help was founded in 1984 and provides affordable housing to low income single people. At the present time, we offer primarily shared accommodation in 33 houses located in different parts of the city. All units in our housing portfolio are subsidized by the government. Monthly rents are geared to a person's income. When residents can afford to pay market rent for a unit, they are encouraged to move on to make room for other needy applicants.

Each House has between 4 and 11 rooms. Residents have their own private rooms and share common areas such as the living room, kitchen, bathrooms etc. in their house. Rooms are equipped with a bed, bar fridge, closet and/or dresser. CRC Self Help employs a Facilitative Management Model that encourages residents to work together to maintain and manage their own house. Residents share the responsibilities for the upkeep in their home, contribute towards a joint fund to buy commonly used household items, attend monthly house meetings, interview new applicants, discuss house concerns and make decisions on relevant house issues. Residents work closely with a Facilitative Housing Worker who have the over-all responsibility for the house.

Many people find shared housing beneficial because of its communal and socializing aspects, while others may find it difficult to adapt to this type of housing. CRC Self Help works with residents and applicants to find a good fit for everyone involved. Whatever your situation may be, we want to welcome you to apply for our housing. We undertake to work with our residents to make their stay in our housing safe and enjoyable.

You may not be eligible if:

- a. If you owe another non-profit housing provider arrears of rent and/or damages and have not made satisfactory arrangements for repayment.
- b. If you have an order against you from the Landlord and Tenant Board in relations to any offense under the RTA.

Any misrepresentation of your housing history may lead to action under the Landlord and Tenant Board legislation.

Sincerely,
CRC Self Help Inc.



90 Richmond Street East, Ste. 201
Toronto, ON M5C 1P1
Tel: 416-591-6389 Fax: 416-591-5396

PLEASE PRINT

APPLICANT INFORMATION

Application # _____

APPLICANT _____ FEMALE ____ MALE ____

APPLICATION DATE: _____

PHONE NUMBER 1: _____ PHONE 2: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____
Month / Day / Year

YOUR STATUS IN CANADA? CITIZEN ____ IMMIGRANT ____ REFUGEE ____
REFUGEE CLAIMANT ____ OTHER _____

MEDICAL CONDITION: _____

MEDICATION: _____

SOCIAL INSURANCE NUMBER: _____

FAMILY DOCTOR: _____ PHONE _____

EMERGENCY CONTACT: _____

RELATIONSHIP _____ AT PHONE NO: _____

WHAT ARE YOUR INTERESTS? _____

DO YOU HAVE GOALS YOU WANT TO ACHIEVE? _____

PRESENT LIVING ARRANGEMENTS

WHAT IS YOUR PRESENT LIVING SITUATION?

STREET: _____ HOSTEL: _____ FRIENDS: _____ RENTING: _____ OTHER: _____

CURRENT ADDRESS: _____

NAME OF LANDLORD: _____ PHONE NO _____

IF HOMELESS, HOW LONG HAVE YOU BEEN SO? _____

IF AT THE HOSTEL, WHICH ONE? _____

CONTACT PERSON THERE? _____ PHONE NO _____

PREVIOUS ADDRESSES

ADDRESS 1: _____

NAME OF LANDLORD: _____ PHONE NO: _____

LENGTH OF STAY: FROM _____ TO _____

REASON FOR MOVING: _____

ADDRESS 2: _____

NAME OF LANDLORD: _____ PHONE NO: _____

LENGTH OF STAY: FROM _____ TO _____

REASON FOR MOVING: _____

SOURCE OF INCOME

WORK: ARE YOU CURRENTLY WORKING? **YES** ___ **NO** ___ HOW LONG? _____

TYPE OF WORK? _____ AMOUNT PER WEEK \$ _____

SOCIAL ASSISTANCE: ONTARIO WORKS-AMOUNT: _____

ODSP-AMOUNT: _____

OSAP-AMOUNT: _____

OTHER: NAME PROGRAM/AMOUNT: _____

FOR OFFICE USE ONLY ASSETS

DO YOU HAVE POSSESSIONS (bonds, shares, properties, etc.)? **YES** ___ **NO** ___

DO THEY PRODUCE AN INCOME? **YES** ___ **NO** ___ IF YES, HOW MUCH? \$ _____

HOUSE, MY HOME

As a tenant, you will share a house with several others, residing in your private room but sharing bathroom(s), kitchen, living room and basement.

WHAT GOOD QUALITIES DO YOU BRING TO THE HOUSE? _____

HOW DO YOU VIEW HOUSE CHORES? _____

ON A SCALE FROM **1** TO **10** (10 excellent), HOW WOULD YOU GRADE YOURSELF ON CLEANLINESS? _____

THE HOUSE FUND BUYS COMMUNALLY USED PRODUCTS, toilet paper, lights, etc. WILL YOU CONTRIBUTE? **YES** ___ **NO** ___

GUESTS ARE ALLOWED OVERNIGHT THREE NIGHTS PER MONTH AFTER INFORMING THE HOUSING WORKER AND TENANTS? WOULD YOU ACCEPT THIS? **YES** ___ **NO** ___

MONTHLY HOUSE MEETINGS help tenants communicate. WOULD YOU ATTEND? **YES** _____ **NO** _____

FOR OFFICE USE ONLY

DOES YOUR LIFESTYLE INCLUDE THE USE OF DRUGS/MODERATE ALCOHOL? **YES** ___
NO ___

IF YOU DON'T USE ANY LONGER, HOW LONG HAVE YOU BEEN SOBER? _____ MONTHS,
_____ WEEKS, _____ YEARS.

CONFLICTS AND DISAGREEMENTS CAN ARISE IN THE HOUSE WITH ANOTHER TENANT i.e. over noise, not doing house chores, guest etc. – HOW WOULD YOU HANDLE IT?

HAVE YOU EVER BEEN VERBALLY OR PHYSICALLY ABUSIVE? **YES** ___ **NO** ___
If yes, WHAT MEASURE HAVE YOU TAKEN TO MANAGE YOUR ANGER?

HOUSING TYPE LOCATIONS:

FEMALE APPLICANTS HAVE THE CHOICE TO CHOOSE EITHER WOMEN ONLY HOUSE YES ___ NO ___ ; CO-ED HOUSE YES ___ NO ___ OR BOTH YES ___.

WHICH AREA OF THE CITY WOULD YOU PREFER TO LIVE IN?

EAST (between Cowell and Don River) _____ **WEST** (between Bathurst and Dufferin) _____

CENTRAL (between the Don River and Bathurst) _____

REFERENCES

(social worker, drop-in staff, doctor, nurse, legal counsel, etc)

NAME	RELATIONSHIP	PHONE NO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PREVIOUS SOCIAL HOUSING TENANCY

HAVE YOU EVER LIVED IN SOCIAL HOUSING BEFORE? IF YES, INDICATE WHERE BELOW:

ORGANIZATION	ADDRESS	PHONE NO
1. _____	_____	_____
2. _____	_____	_____

DID YOU LEAVE OWING RENT? **YES** ___ **NO** ___ IF YES, HOW MUCH \$ _____
(You MUST pay any outstanding rent arrears owing to previous landlords before you will be considered for social housing).

RELEASE OF INFORMATION

I HEREBY AUTHORIZE AND AGREE THAT CRC Self Help MAY COLLECT, USE, DISCLOSE, DISCUSS OR RELEASE ANY OF MY PERSONAL INFORMATION AS REQUIRED BY CRC Self Help, IT'S AGENT(S) OR ANY OTHER AGENCY AS PERMITTED BY LAW.

Applicant's signature: _____ Date: _____

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE.

Applicant's signature: _____ Date: _____

FOR CRC Self Help USE ONLY

INTERVIEW BY: _____ Date: _____

INTERVIEW BY: _____ Date: _____

INTERVIEW BY: _____ Date: _____

With the refusal of three housing offers you will be placed at the bottom of the waiting list.