

HOUSING APPLICATION

Please PRINT and fill out all sections of this form. **INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED**

General Info about our housing: 1. Shared Accommodation housing 2. Rent is geared to income 3. You WILL get only one offer to a housing unit, if you refuse the unit your name will be placed at the bottom of the waitlist.	Office Use Only: Application Number: _____
--	--

SECTION 1 – APPLICANT INFORMATION						
First Name:			Middle Name/Initials:		Family (Last) Name:	
Date of Birth: Month Day Year			Gender: F M Other		Birthplace:	
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>		Your Status in Canada? Cdn. Citizen: _____ Permanent Res: _____ Refugee Claimant: _____ Other: _____	
Other Info:						
Primary Phone Number:			Alt. Phone Number:			Social Insurance Number (optional):
In case of Emergency Please Contact (full name)				Phone Number:		Relationship:

SECTION 2 - PRESENT LIVING ARRANGEMENTS		
Street: _____ Hostel: _____ Friends: _____ Renting: _____ Other: _____		
Current Address:		
Name of Landlord:	Phone Number:	Length of Stay:
Previous Address:	Name of Landlord:	Phone Number:
Reason for Leaving:	Length of Stay:	

SECTION 3 – PREVIOUS SOCIAL HOUSING INFORMATION

Have you ever lived in subsidized housing anywhere in Ontario? **Yes** ____ **No** ____

ORGANIZATION:

ADDRESS:

PHONE NUMBER

1. _____

2. _____

3. _____

Did you leave owing rent? **Yes** ____ **No** ____ If Yes, how much \$ _____

NOTE: You **MUST** pay any outstanding rent arrears owing to previous landlords before you will be considered for social housing.

SECTION 4 – TYPE OF HOUSING AND LOCATION

WHAT TYPE OF HOUSE WOULD YOU LIKE TO LIVE IN?

FEMALE APPLICANTS HAVE THE CHOICE TO CHOOSE **WOMEN ONLY HOUSE**. **Yes** ____ **No** ____

CO-ED HOUSE

Yes ____ **No** ____

MALE ONLY HOUSE

Yes ____ **No** ____

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

EAST (between Coxwell and Don River) _____ WEST (between Bathurst and Dufferin) _____

CENTRAL (between the Don River and Bathurst) _____

Does your lifestyle include the use of illegal substances **Yes:** ____ **No:** ____

If you do not use any longer, how long have you been abstinent?

Weeks ____, **Months:** ____, **Years:** ____.

Conflicts and disagreements can arise in the house with other tenants – i.e. over noise, not doing required house chores, misuse of guest policy etc. – **How do you handle conflict?**

SECTION 5 – HOUSE, MY HOME

As a tenant, you will share a house with several others, residing in their own leased unit, but sharing bathroom (s), kitchen and living room.

What good qualities would 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 bulbs, etc. **Will you contribute?** Yes _____ No _____

Guests are allowed overnight, **up to three nights per month** only after informing and seeking approval from the tenants.
Yes _____ No _____

Monthly house meetings help tenants communicate. You are required to attend. **Do you accept this requirement?**
Yes _____ No _____

REFERENCES

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

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SECTION 6 – CONSENT TO RELEASE INFORMATION

COLLECTION, USE AND DISCLOSURE/RELEASE OF INFORMATION

I HEREBY AUTHORIZE AND AGREE THAT CRC Self Help MAY COLLECT, USE, DISCLOSE, DISCUSS OR RELEASE ANY OF MY PERSONAL INFORMATION OR PERSONAL HEALTH INFORMATION AS REQUIRED BY CRC Self Help, IT'S AGENT(S) OR ANY OTHER AGENCY TO CONSIDER AND/OR FACILITATE AN APPLICANT'S TENANCY/HOUSING APPLICATION, OR AS PERMITTED OR REQUIRED BY LAW.

I FULLY UNDERSTANT THE IMPLICATIONS OF MY CONSENT.

Applicant's Signature: _____ Date: _____

SECTION 7 - 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 CRC Self Help Inc. will become the property of CRC Self Help.

If something on this application is incorrect or not true, CRC Self Help Inc. or the housing provider may cancel my application; take legal action, or both.

I give my word that I am in Canada legally. Before I can receive housing, I understand that I must pay back or make arrangement to pay any money I owe to any subsidized housing agency.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

INTERVIEW BY: _____ Date: _____

INTERVIEW BY: _____ Date: _____

INTERVIEW BY: _____ Date: _____

With the refusal of one housing offer you will be placed at the bottom of the waiting list.

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-gear-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 Manager.