



Ottawa Supportive Housing: Application Form



PART A - HOUSING REQUEST:

The Ottawa Supportive Housing Network has been established to streamline access to housing for people living in the City of Ottawa who require support and to live independently. With this application form, you can be considered for housing offered by the agencies below. The purpose of the questions is to help us learn what kind of housing you want and need, so please answer them completely and accurately. Please **PRINT** all information in ink.

Part A of the form will be available in a variety of community locations. Please check off the agency or agencies that should get your application. You will be contacted by these agencies according to their application procedures.

AGENCY:	CLIENT GROUP:	FAX # (613)	APPLY ✓
Bruce House	individuals and families living with HIV/AIDS	729-0959	
Cornerstone/ Le Pilier	single adult women at risk of homelessness	233-9529	
Daybreak	single adult men and women at risk of homelessness	236-9083	
Emily Murphy	mothers and children	834-8259	
Harmony House	women and children at risk of violence	567-1707	
Options Bytown	single adult men and women at risk of homelessness	241-4855	
Salus	single adult men and women living with mental illness	729-7800	
Shepherds of Good Hope	single adult men and women	789-0888	
Youth Services Bureau	single/parenting youth	729-1918	

Youville Centre	young single parents and children engaged in the Youville program	231-5150	
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PART A - APPLICATION FOR SUPPORTIVE HOUSING:

FIRST NAME: _____ **INITIALS:** ___ **LAST NAME:** _____

STREET ADDRESS (current): _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

TELEPHONE NUMBER(S): _____ **OR** _____

AGE: _____ **DATE OF BIRTH:** ____/____/____

GENDER: Male Female Transgender

ARE YOU PRESENTLY A RESIDENT OF ONTARIO? Yes No

WHAT IS YOUR CURRENT HOUSING SITUATION?

STATUS IN CANADA:
Canadian Citizen Landed Immigrant Refugee Claimant

LANGUAGES: English French Other

LANGUAGE PREFERENCE? _____

HOW MANY INDIVIDUALS ARE YOU SEEKING HOUSING FOR?
Adults (18 yrs +) _____ Children _____

INCOME:
 \$ _____ Ontario Works
 \$ _____ Ontario Disability Support Program
 \$ _____ Employed
 \$ _____ Other

IS THERE SOMEONE WE CAN CALL IF WE CAN'T REACH YOU? Yes No
 Name: _____ Phone Number: _____
 Organization/Relationship: _____

YOUR DECLARATION & CONSENT:

**This is your agreement with us. We promise that your confidentiality will be respected.
 You agree to what is set out below. Please read it carefully before signing.
 I have done my best to ensure the information provided in this application is correct.**

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____
RECEIVING AGENCY: _____
REPRESENTATIVE SIGNATURE: _____