



**Housing Application Form**

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*Is someone helping you complete this form? If so, please complete the following:*

**Support Person Name:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Email address (Yours or support person):** \_\_\_\_\_

**Phone # (Yours or support person):** \_\_\_\_\_

**Housing preference** (check all that apply):

- Supported Housing (for those requiring assistance with meals and medication)
- Independent housing
- Shared accommodations (roommates/rent splitting)
- Structured mental health/addiction programs (Complex Needs, Next Step, Compass, MAP, Anchor)
- Housing in the community
- Housing downtown

**Source of Funding:**

- SAID     CPP    **Income Assistance Worker:** \_\_\_\_\_
- SIS     OAS    **Income Assistance Worker Phone #:** \_\_\_\_\_
- EI     Employed    **Net Monthly income:** \_\_\_\_\_

**Do you know how to cook?**  Yes  No

*If yes, what are some of your favourite dishes you like to make?* \_\_\_\_\_

**Do you usually remember to pay your rent?**  Yes  No

**Are you comfortable budgeting for things like bills, groceries, clothing, hygiene products, etc.?**  Yes  No

**Do you/would you find having someone help you with your finances helpful?**  Yes  No

**Do you currently have anyone helping you manage your money (i.e. trustee, family member, etc.)?**  Yes  No

*If so, whom?*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Agency (if applicable):** \_\_\_\_\_

**Pick one of these statements that best represents you: When I live somewhere:**

- I'm a clean freak! I like things neat and tidy*
- I'm pretty laid back. I don't mind if things get a little messy but I'll clean up eventually.*
- I'm a collector! Everything has a purpose and I try not to throw things out if I think can use it for something later on.*

**Where have you been staying the past 3 months?** \_\_\_\_\_

**When you stayed there, were you staying:**

- By myself     With roommates     With family     Other: \_\_\_\_\_

**How did your last tenancy end?** \_\_\_\_\_

**How much time have you spent in the last year:**

***Couch surfing?***

- 0-2 weeks                       2 weeks – 1 month                       3 – 6 months                       Over 6 months

***In shelters?***

- 0-2 weeks                       2 weeks – 1 month                       3 – 6 months                       Over 6 months

***Living rough (outside, camping, etc.)?***

- 0-2 weeks                       2 weeks – 1 month                       3 – 6 months                       Over 6 months

***In my own place?***

- 0-2 weeks                       2 weeks – 1 month                       3 – 6 months                       Over 6 months

**If you had a place of your own, would you have people come stay with you very often?**  Yes  No

**If so, how long would they normally stay?**

- A few days                       A few weeks                       A few months                       A year or more                       n/a

**Do you have a mental health diagnosis?**  Yes  No

Diagnosis: \_\_\_\_\_

**Do you have a psychiatrist, doctor, nurse or other support who helps you with your mental or physical health on a regular basis (gives you an injection, prescribes medication, gives you check-ups, etc?):**

Psychiatrist: \_\_\_\_\_  Doctor: \_\_\_\_\_  Nurse: \_\_\_\_\_

Other (type/agency/name): \_\_\_\_\_

**Do you have prescribed medication?**  Yes  No

**Do you remember to take your medication?**  Yes  No

**Would it be helpful to have someone remind you to take your medication?**  Yes  No

**Which of the following substances do you use?**

- Cigarettes                       Alcohol                       Marijuana                       Crystal Meth                       Down

Other: \_\_\_\_\_

**How often do you use (other than cigarettes)?**

- Most days                       Once or twice a week                       A few times a month                       Only once in a while

**Do you have any medical issues that impact your daily living?**

Special diet (diabetic, etc.)                       Impaired mobility (wheelchair, walker, etc.)                       On oxygen                       Other: \_\_\_\_\_

**Do people ever threaten you? Steal from you? Ask you for things you'd rather not give them?**  Yes  No

**Would you have any concerns about living at the Lighthouse, or living on your own?**  Yes  No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_