



# TRY Housing Application Form

**Telephone:** 613-237-1320 – applicants identifying as male: x 5035 / applicants identifying as female: x 5055  
**Fax:** 613-788-5095 | **Email:** [try.program@ymcaottawa.ca](mailto:try.program@ymcaottawa.ca) | 180 Argyle Avenue, Ottawa, ON K2P 1B7

## COMPLETION INFORMATION

DATE OF APPLICATION (MONTH/DAY/YEAR)

## APPLICANT CONTACT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

NICKNAMES/ALIASES

WHERE ARE YOU CURRENTLY STAYING?

CURRENT PHONE NUMBER(S)

EMAIL

## APPLICANT INFORMATION

DATE OF BIRTH (MONTH/DAY/YEAR)

AGE

GENDER

**I IDENTIFY AS:**  GAY  LESBIAN  BISEXUAL  TWO SPIRIT  QUESTIONING  HETEROSEXUAL  OTHER

## IDENTIFICATION INFORMATION

**PICTURE ID:**  YES  NO      **DO YOU USE A MOBILITY AID?**  WHEELCHAIR  CANE  WALKER  SCOOTER

**DO YOU USE A SIGHT AID?**  SEEING EYE DOG  WHITE CANE

**DO YOU HAVE OTHER DISABILITIES (SPECIFY):**

**DO YOU HAVE OTHER SUPPORTS OR AIDS OTHER THAN MEDICATION TO ASSIST YOU (SPECIFY):**

## REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT THIS PROGRAM?  FRIEND  FAMILY  AGENCY  ONLINE  OTHER: \_\_\_\_\_

HAVE YOU EVER STAYED AT THE Y BEFORE?  YES  NO

WHAT ARE THE REASONS YOU ARE APPLYING FOR SUPPORTIVE HOUSING AT THIS TIME?

LEAVING CUSTODY  MENTAL HEALTH ISSUES  IN A SHELTER  OTHER:  
 HOMELESS  LEAVING TREATMENT  FAMILY BREAKDOWN  
 FLEEING  EVICTED  RECOVERING FROM ADDICTION

NAME 3 IMMEDIATE NEEDS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## COMMUNITY PROGRAMS

NAME THE COMMUNITY PROGRAMS AND PROFESSIONAL SUPPORTS YOU ARE USING (INCLUDE CONTACT INFORMATION AND NAME):  
\_\_\_\_\_

## PERSONAL INFORMATION

WHAT IS YOUR STATUS IN CANADA?

CITIZEN  REFUGEE  STUDENT VISA  WORKING VISA  
 PERMANENT RESIDENT  ASYLUM SEEKER  REFUGEE CLAIMANT  PROTECTED PERSON

WHERE WERE YOU BORN?  CANADA  OTHER: \_\_\_\_\_

IF OTHER, WHAT YEAR  
DID YOU COME TO CANADA: \_\_\_\_\_

## PERSONAL INFORMATION (CONTINUED)

DO YOU IDENTIFY AS A VISIBLE MINORITY?  YES  NO

ARE YOU AN ABORIGINAL PERSON  YES  NO

PRIMARY LANGUAGE:

PREFERRED LANGUAGE:

DO YOU REQUIRE AN INTERPRETER?  YES  NO

CURRENT SOURCE OF INCOME:  ONTARIO WORKS  ODSP  OTHER:

ARE YOU:

WORKING PART-TIME  WORKING FULL-TIME  GOING TO SCHOOL PART-TIME  GOING TO SCHOOL FULL TIME

RETIRED

SELF EMPLOYED

OTHER:

## WHAT GOALS WOULD YOU LIKE TO WORK ON DURING YOUR STAY AT THE TRY PROGRAM?

## ACCOMMODATION HISTORY

WHERE HAVE YOU LIVED IN THE PAST? (CHECK ALL THAT APPLY)

FAMILY

SHARED APARTMENT

SUBSIDIZED HOUSING

SHELTER

ROOMING HOUSE

GROUP HOME

OWN APARTMENT

OTHER:

**RENTAL HISTORY – LAST OR CURRENT ADDRESS AND LANDLORD**

<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	PROVINCE

<input type="text"/>	<input type="text"/>	<input type="text"/>
LANDLORD'S NAME	LANDLORD'S TELEPHONE	LENGTH OF STAY

REASONS FOR LEAVING:

I, \_\_\_\_\_, understand that I am applying for a supportive housing program that will assist me to acquire skills and supports I need to live independently. I agree to provide consent to allow the YMCA TRY Supportive Housing Program to contact relevant individuals for the purposes of reference checks and ongoing case management coordination. I also understand that a condition of my acceptance into the program will be my agreement to follow all the conditions of the individual goal plan established with me based on my needs and goals. I further understand that this housing program is transitional and is exempt from the provisions of the Residential Tenancies Act 2006.

<input type="text"/>	<input type="text"/>	<input type="text"/>
APPLICANT SIGNATURE	WITNESS	DATE W(MM/DD/YY)