

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 | 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

ADDRESS	CITY	PROVINCE
---------	------	----------

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.

APPLICANT SIGNATURE	WITNESS	DATE W(MM/DD/YY)
---------------------	---------	------------------