**Tipi Moza (Iron Homes)**

**113 Lower Union St, Kingston, ON K7L 2N3**

**Phone:  613-547-1134   Fax:  613-507-7267**

**Client Number Date Stamp**

**TRANSITIONAL HOUSING APPLICATION**

Self-Declaration of Indigenous Status (First Nation may be status or Non-status, Metis may be registered or non-registered)

First Nations \_\_\_ Metis \_\_\_ Inuit \_\_\_

***PERSONAL INFORMATION***

Applicant (Last Name) First Name Initial Date of Birth dd/mm/yy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_/ \_\_\_\_/\_\_\_\_

Preferred pronouns: They/Them She/Her He/Him Two Spirit Other\_\_\_\_\_\_\_\_\_\_\_

Current Address: City: Postal Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak English?  YES  NO What is your first language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your preferred language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you do not have a phone or are otherwise hard to reach, is there someone with whom you are in regular contact that we can call in order to reach you?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can a voicemail be left on this phone?  YES  NO

***SOURCE OF INCOME (Please check all sources of income)***

Ontario Works (OW)  Worker’s Compensation  Education/Training

Ontario Disability Support Program (ODSP)  Canada Pension Plan (CPP)  Employment

Old Age Security (OAS)  Employment Insurance (EI)  Other (please explain)

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

Do you have a Trustee or a Power of Attorney for finances?  YES  NO

Do you have a substitute decision maker (SDM)? YES  NO

Please provide their contact information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CURRENT ACCOMMODATION INFORMATION***

**Name of Landlord:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_ Do you need to give 60 days’ Notice? Y N

Type of Housing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who do you currently live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Province: From: To:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

How Long at This Address? \_\_\_\_\_\_\_\_\_\_ If **less than 2 years**, list previous addresses:

**Previous landlord’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Province: From: To:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***HOMELESSNESS STATUS (Please check all that apply)***

Are you currently homeless?  YES  NO

How long have you been homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at risk of becoming homeless?  YES  NO

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been homeless in the last 6 months?  YES  NO

How many times have you been homeless in the past 2 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you recently been released from a provincially?

funded institution or service system (for example – prison, hospital)  YES  NO

Are you currently living in a shelter?  YES  NO

Are you currently living rough?  YES  NO

**Please provide any additional information that you feel we need to know about your housing situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***CRITICAL HOUSING REQUIREMENTS***

Do you require:

A wheelchair accessible unit?  YES  NO

Are you a victim of domestic abuse?  YES  NO

Do you require support services?  YES  NO

Do you have a developmental disability?  YES  NO

Are you dealing with mental health or addiction issues?  YES  NO

Do you have any allergies?  YES  NO

***ADDITIONAL INFORMATION***

Have your previously applied to Tipi Moza?  YES   NO If YES, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a past tenant of Tipi Moza?  YES  NO If YES, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a home and/or any properties?  YES  NO

Were you referred by an agency? Which Agency?  YES NO Agency/Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Support Needs***

***What Supports Are You Currently Using?***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Do you have personal support (friends, family, cultural)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Do you require assistance from the fire department to leave your unit in case of fire?*

Yes  No

If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Additional Information***

***Identification***

***Do you have the following ID’s?***

Status Card  YES  NO

Driver’s License  YES  NO

SIN Card  YES  NO

Birth Certificate  YES  NO

Health Card  YES  NO

Ontario ID Card  YES  NO

***Social Support***

Developing positive relationships: YES  NO

Meeting new people: YES  NO

Peer support:  YES  NO

***Health and Wellness***

Managing specific symptoms:  YES  NO

Diabetes Education:  YES  NO

Self-Managing medication: YES  NO

Dealing with drug and/or alcohol abuse:  YES NO

Wellness recovery action planning:  YES  NO

Physical health and education:  YES  NO

Getting to appointments / Time Management:  YES  NO

Self-Care:  YES  NO

***Food and Nutrition***

Nutrition and diet information  YES  NO

Grocery Shopping: YES  NO

Assistance with Meal Prepping: YES  N0

***Finances***

Do you have financial responsibilities? YES NO

Do you need supports with budgeting / credit counselling? YES NO

***Legal***

Do you require support understanding your rights in the justice system? YES  NO

Do you require support learning self-advocacy skills?  YES  NO

Do you have a recent history of violence?  YES  NO

Knowing your rights as a tenant: YES  NO

***Employment and Education***

Understanding English, reading and writing: YES  NO

Improving employability and career possibilities?  YES  NO

Education/ Training:  YES  NO

***Daily Activities***

Using city transportation (Buses):  YES  NO

Adding structure to your day:  YES  NO

Developing daily living skills:  YES  NO

Looking after your home:  YES  NO

***Cultural Supports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the type of cultural opportunities you may be interested in:**

Connecting with the land

Drumming

Elder

Sacred medicine

Smudging

Ceremony

We ask the following questions to determine if there are any safety or risk issues of which we should be aware. Answering any of the questions below will NOT exclude you from service. We know these are sensitive questions and we appreciate you answering them. If you have any recent (i.e., past three years) history of the following, please comment (e.g., when, how many incidents, how severe, outcome)

|  |  |  |
| --- | --- | --- |
| If you struggle with any of the items listed, please indicate how long it has been since the last incident | | |
|  | Alcohol use that causes you harm: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Thought of Suicide: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Suicide Attempts: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Self-Harm: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Drug use that caused harm to you: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Lack of attention while smoking: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Mishandling fire/fire setting: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Assault by you - Physical: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Assault by you - Sexual: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Assault by you - Verbal: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Problems with Anger Management: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Inappropriate Sexual Behavior: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Destroying/Abuse of Property: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Gambling: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Issues with Collecting things: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Problems with Violence: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | History of Homelessness/Risk of Homelessness: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Accidently Started Fire in your unit: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Rate the Cleanliness of your Apartment: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | 0 | | |  |  | | --- | --- | |  | 1 | | |  |  | | --- | --- | |  | 2 | | |  |  | | --- | --- | |  | 3 | | |  |  | | --- | --- | |  | 4 | | |  |  | | --- | --- | |  | 5 | | |
|  | Have you had challenges with past landlords? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | |  | YES | | | |  | |  |  |  | | --- | --- | |  | NO | |
|  | Were you assaulted physically, sexually, or verbally? | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | NO | | |  |  | | --- | --- | |  | 6 Months | | |  |  | | --- | --- | |  | 6m - 1 Yr | | |  |  | | --- | --- | |  | 1-5 Yrs | | |
|  | Comments or Other Challenges: |  |

***LEGAL INVOLVEMENT***

Are you currently or in the past been involved with the criminal justice system?   
 YES  NO

If YES, please state the number of contacts with the justice system in the previous year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following if you have current legal involvement (check all that apply):

**Pre-Charge**  
Pre-Charge Diversion  
Court Diversion Program

**Pre-Trial**  
Awaiting fitness assessment  
In community on own recognizance  
Awaiting trial (with or without bail)  
Unfit to stand trial  
Awaiting criminal responsibility assessment (NCR – Not Criminally Responsible)

**Custody Status**  
ORB detained - community access (Ontario Review Board)  
On probation  
ORB conditional discharge (Ontario Review Board)  
Incarcerated  
On parole

**Outcomes**  
Charges withdrawn  
Conditional sentence  
Stay of proceedings  
Restraining order  
Awaiting sentence  
Peace bond  
Not Criminally Responsible  
Suspended sentence  
Conditional discharge

**Other**  
NO legal problem  
Other criminal/legal problems  
Unknown

Please list all current and previous charges:

|  |  |  |  |
| --- | --- | --- | --- |
| **Counts** | **Charge** | **Date (or ongoing)** | **Ongoing?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Health Information**

Vaccination Status:    ☐ None   ☐ First Dose ☐ Second Dose  ☐ Third Dose

Do you have current or past mental health experiences?  YES  NO

How long have you been experiencing mental health difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been formally diagnosed with a mental illness?  YES  NO

What is the diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever experienced psychosis?  YES  NO

Do you or have you had an eating disorder?  YES  NO

Have you been hospitalized due to mental health issues in the last two years?  YES  NO

Are you currently in the hospital due to Mental Health issues?  YES  NO

Are you designated as Alternative Level of Care (ALC)? YES  NO

Are you currently on a Community Treatment Order?  YES  NO

Do you have any other illness/ disability? Please describe:

Do you have a concurrent disorder (Substance use and Mental illness)?  YES  NO

Do you have dual Diagnosis (Developmental Disability and mental illness)?  YES  NO

Do you have a neurological disability or disorder? (Head/ Brain Injury, Epilepsy, Parkinson’s, etc.)  YES  NO

Do you have any chronic illnesses/ of physical disabilities (High blood pressure, diabetes, etc.)?  YES  NO

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an intellectual disability? YES  NO

Do you have a family doctor?  YES  NO

What is their name and contact information?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a psychiatrist?  YES  NO

What is their name and contact information?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEXT OF KIN***

Last Name: First Name: Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: Phone Number: City: Province: Postal Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Application Complete:

Consent Signed:

Homelessness Verified:

* Date Offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date File Referred to Support Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I declare that the information provided on this form is correct and hereby authorize Tipi Moza (Iron Homes) to verify and or all of the information. I understand that the completion of this application does **NOT** guarantee that the applicants listed will be approved for occupancy. If a person other than the applicant or SDM is completing this application and making the referral, the referrer must complete the declaration below. Please read it carefully. Please Note applications will only be accepted with the consent of the applicant or Substitute Decision Maker if there is one.

**What is Personal Information?**

Personal Information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc.

opinions, evaluations, comments, social status, or disciplinary actions; and

employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

**Collection and Use of Your Personal Information**

TIPI MOZA (IRON HOMES) will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

considering your application for tenancy;

verifying the information that you have provided in your application for tenancy, and its attachments;

calculating your rent;

meeting legal and regulatory requirements arising out of or relating to your tenancy;

for the use of TIPI MOZA (IRON HOMES) auditor to verify our financial records;

for the purpose of contacting necessary services or your next-of-kin in case of emergency;

**Disclosure of Your Personal Information**

TIPI MOZA (IRON HOMES) will disclose the personal information provided by you in this form to the following parties for the purposes described above:

To any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997.*

To the Government of Canada, a department, ministry, or agency of it, without further Notice to you if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;

To relevant agencies or next of kin in case of emergency;

To credit bureaus and other businesses that provide credit or rental history information about you;

To a third party in connection with the potential or actual sale, reorganization, merger, consolidation, or disposition of the business of TIPI MOZA (IRON HOMES)

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_