**Tipi Moza (Iron Homes)**

**#1422-993 Princess Street, Unit 14, Kingston, ON K7L 1H3**

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

**Client Number Date Stamp**

**HOUSING ALLOWANCE 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/yyyy) SIN #

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

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

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

***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

***CURRENT ACCOMMODATION INFORMATION***

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

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:

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

***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

**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

**Please check the type of support you require to live independently and to maintain a successful tenancy**:

[ ] daily living skills

[ ] understanding your rights and responsibilities

[ ] justice system

[ ] social leisure and educational opportunities

[ ] cultural opportunities

[ ] financial management

[ ] connection to employment or educational opportunities

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

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

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

***NEXT OF KIN***

Last Name: First Name: Address:

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

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

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

**DELCARATION**

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.

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

Signature of Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Application Complete: [ ]

Consent Signed: [ ]

Homelessness Verified: [ ]

Housing Allowance Offered: [ ]

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

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