

TRY Housing Application Form

Telephone: 613-237-1320 – applicants identifying as male: x 5035 / applicants identifying as female: x 5055

Fax: 613-788-5096 | 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
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LANDLORD'S NAME	LANDLORD'S TELEPHONE	LENGTH OF STAY
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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)
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