



# HOUSING APPLICATION

Hope and Homes  
indwell.ca

## GENERAL INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
*First Last*

Date of Birth: \_\_\_\_\_ Bilingual:  Yes  No Aboriginal Status:  Aboriginal  Non-Aboriginal  
*Day Month Year*

Marital Status: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Number of Dependents and Ages: \_\_\_\_\_

## CONTACT INFORMATION

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

If necessary, may we contact you at this number or email?  Yes  No

## HOUSING & SUPPORT CONTACTS

*Permission to disclose*

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Supports: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Supports: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Supports: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CONSENT

I, \_\_\_\_\_, authorize the contacts indicated above to release & disclose information related to my housing & health from the time of this signature until the time I enter Indwell housing or until the time I end the intake process with Indwell.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## HOUSING

Which best describes applicant's current or most recent living arrangements? With whom are they living?

Self  Spouse/Partner  Adult Children  Parents  Relatives  Non-Relatives

What is the applicant's current type of residence?

Private House/Apartment  No Fixed Address  
 Hostel/Shelter  Domiciliary Hostel  
 Long-Term Care/Retirement/Nursing Home  Hospital  
 Rooming/Boarding House  Affordable Housing  
 Other: \_\_\_\_\_

How long has the applicant been in their current living situation? \_\_\_\_\_

Has the applicant ever experienced difficulty finding or keeping housing in the past?  Yes  No

Describe: \_\_\_\_\_

How did the applicant hear about our programs? \_\_\_\_\_

## SUPPORT SERVICES

Reason for Applying:

Support services vary between programs and location. Indicate required supports:

Independent Apartment with supports  Semi-independent Apartment with supports  24-hour staffing

Is the applicant currently able to manage the responsibilities of an independent apartment?

Yes, without support  Yes, with support  No

Preferred Location:

Hamilton  Woodstock  Simcoe

Is the applicant currently on the municipal affordable housing waiting list?

Yes  No

## FINANCIAL

Indwell is a non-profit Christian charitable organization that helps people access affordable housing and supports. Indwell seeks to bridge the gap between market rent and affordable rent with charitable donations. This charitable subsidy is available by request for those who require it.

Will the applicant need an Indwell subsidy for their rent?

Yes  No

**What is the applicant's current source of income?**

- Employment: \$\_\_\_\_\_ (last year's net income)  Ontario Disability Support Program (ODSP)
- Employment Insurance (EI)  Ontario Works (OW)
- Other Income (eg. CPP, OAS, GAINS, Private)  No Source of Income

Describe: \_\_\_\_\_

**If no source of income, has applicant applied for any social assistance?**  Yes  No

**Does the applicant have assets that would disqualify them from receiving social assistance?**  Yes  No

**Does the applicant manage their own finances?**  Yes  No

**Do the applicant have a trustee or Ontario Public Guardian Trustee?**  Yes  No

**If so, please provide trustee's name and contact details:**

\_\_\_\_\_  
*Full Name of Person or Organization*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email*

**HEALTH & PHYSICAL STATUS**

**Has the applicant ever been diagnosed with a mental illness?**  Yes  No

Describe:

**Has the applicant ever been hospitalized due to a mental illness?**  Yes  No

Describe:

**Does the applicant require an accessible or barrier-free unit?**  Yes  No

Describe:

**Are there any other medical conditions that a housing provider would need to be aware of?**  Yes  No

Describe:

**Has the applicant ever experienced any of the following?**

Aggressive or violent behavior     Yes     No  
Suicidal thoughts     Yes     No  
Conflict with the law     Yes     No  
Suicide attempts     Yes     No

History of abuse     Yes     No  
Community Treatment Order     Yes     No  
Self-harm     Yes     No  
Substance abuse     Yes     No

**Describe:**

**ADDITIONAL DOCUMENTATION**

**Please attach any other documents or assessments to support this application for housing.**

**List all attached documentation here:**

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**NON-SMOKING POLICY**

**The applicant is aware that all Indwell facilities are non-smoking, and agrees to abide by this policy.**     Yes     No

**SIGNATURES**

By signing this application, the applicant confirms that the information provided above and in any attachments is correct and can be used by Indwell in making appropriate decisions regarding housing and support services.

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*Applicant's Signature*

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*Date*

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*Name of Person Completing Application (if other than applicant)*

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*Relationship to Applicant*

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*Contact information*

---

*Date*

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*Referring Person's Signature*

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*Relationship to Applicant*

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*Contact information*

---

*Date*

**Save or print form and send by:**

**Email:** [housing\[at\]indwell.ca](mailto:housing[at]indwell.ca)  
**Fax:** 905.529.0355

**In Person:**  
1430 Main Street East, Hamilton  
18 Vansittart Avenue, Woodstock  
203 John Street, Simcoe

**Mail:**  
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1430 Main St E  
Hamilton, ON L8K 1C3