



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

*Please check
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: _____

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: _____

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 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:

Acted aggressively or violently? Yes No
Had conflict with the law? Yes No
Had suicidal thoughts? Yes No
Attempted suicide? Yes No

Experienced abuse? Yes No
Had a Community Treatment Order? Yes No
Self-harmed? Yes No
Misused substances? Yes No

Describe:

ADDITIONAL DOCUMENTATION

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

List all attached documentation here:

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.

Applicant's Signature

Date

Name of Person Completing Application (if other than applicant)

Relationship to Applicant

Contact information

Date

Referring Person's Signature

Relationship to Applicant

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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Hamilton, ON L8K 1C3