

APPLICATION FOR RESIDENCE

Name: _____ Address: _____

Postal Code: _____ Phone#: _____

Can we leave a message? Yes _____ No _____

D.O.B _____ Age: _____

Country of Origin: _____ Citizenship: _____

Deportable: YES / NO _____ Identification Provided: _____

Marital Status _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone# :(Home) _____ (Work) _____

Email: _____

Outstanding charges:

Offence(s)	Length of Sentence	Year
1) _____	_____	_____
2) _____	_____	_____

3) _____

Please state your reason for applying to The John Howard Society of Kingston Transitional Housing:

Special needs: (diet, medical, allergies, etc.)

Are you currently under medical care? YES/NO_____ If yes, please give details (e.g epilepsy, diabetes, HIV, Hep C, etc. physical or health issues)

Do you have a substance abuse problem- YES/NO _____If yes, please give details: _____

Treatment Programs: (Please list the programs completed)

List any programs that are pending:

Do you have any future education plans/goals?

Current Income: _____

List some of your employable skills:

Do you need support with: Budgeting/Cleaning/Personal Hygiene/Medication/Other

Additional information not listed above: (eg. family contact, relevant history):

Support: (Community/Friends/Family)

Name _____ **Name:**_____ **Name:**_____

Address: _____ **Address:**_____ **Address:**_____

Phone:_____ **Phone:**_____ **Phone:**_____

Declaration and Consent

I declare that all information given in this application is correct and complete. The application and any supporting documents become the property of The John Howard Society of Kingston & District.

I agree to provide any supporting material as may be required.

I understand that if accommodation is provided to me, the unit will be occupied only by me and for a period of up to six months.

Personal information collected by The John Howard Society of Kingston & District, pursuant to the Social Housing Reform Act 2000, will be used to determine eligibility for The John Howard Transitional Housing or for placement on our waiting list.

I give my consent for information to be shared with agencies that assist with the provision of affordable housing and social agencies providing financial assistance to me for the purpose of verifying eligibility for Transitional Housing, under the Social Housing Reform Act, 2000.

Please note that any questions or complaints about the collection, use or disclosure of the information on this application can be forwarded to:

**The John Howard Society of Kingston
771 Montreal St.
Kingston, Ontario
K7K 3J4**

Phone: 613-542-7373

Applicant Name **Applicant Signature** **Date**