



YWCA
TORONTO



Date Room Required _____

**1st Stop Woodlawn Residence
Application for Permanent Rental Housing**

Applicant Information

Last Name _____ First Name _____

Date of Birth: Year _____ Month _____ Day _____

Social Insurance Number _____

Telephone Number: _____

Alternate Number: _____

Email address: _____

Present Housing

At present I live:

- In my own house
- In a women's residence
- In a hostel/shelter
- In an apartment
- With family/friends
- In a rooming house
- In a boarding house (meals are provided)

My address is: _____

How long have you lived there? _____ Is your name on the lease? Yes No

Landlord's name and telephone number: _____

Is your current housing safe? Yes No

If no, please explain why: _____

Are you currently paying rent? Yes No

If yes, how much is your rent? Monthly _____ Weekly _____

Previous Housing

My previous housing was:

- My own house
- A women's residence
- A rooming house
- An apartment
- With friends/family
- Hostel/shelter
- boarding house (meals are provided)

Your previous address: _____

How long did you live at your previous address? _____

Landlord's name and telephone number: _____

Employment

Are you currently employed? Yes No

If yes: Full-time Part-time Casual

Job title: _____

Name of employer/program: _____

Address: _____

Are you in an employment training program? Yes No

If yes:
Name of Program: _____

Length of Program: _____

Education

Are you currently a student? Yes No If yes: Full-time Part-time

Type of program: _____

Name of school: _____

Address: _____

Telephone: _____

Income

Please provide details about current sources of income

Gross Monthly Amount (Before deductions)

A) Employment Income _____

B) Pension _____

C) Other
 Ontario Works _____
 Ontario Disability Support Program _____
 Student Grants / Loans _____
 Support Payments _____
 Other: specify _____

Lifestyle and Commitment to YWCA Mandate

1st Stop Woodlawn Residence is a housing program for women committed to living in a community of women. What does this mean to you?

One of the mandates of 1st Stop Woodlawn Residence is to encourage active and positive community involvement. What will you bring to this community?

Are there any issues that may affect your ability to live independently or cooperatively?
 Yes No

If yes, please describe: _____

Are there any support agencies, workers, group leaders, etc. that you are currently involved with? Yes No

A) Organization: _____
Contact Person: _____
Phone Number: _____

B) Organization: _____
Contact Person: _____
Phone Number: _____

Can we contact them for a reference? Yes No

If on ODSP or OW please provide:
Caseworker #: _____
Caseworker name: _____
Phone number: _____

Cooperative Living

Please provide a general description of who you would like to share your living space with. Someone who is . . .

Do you know anyone currently living at 1st Stop Woodlawn Residence? Yes No

If yes, name of tenant? _____

References

Who can we contact for a reference? (No family members or personal friends if possible.)

Name: _____

Address: _____

Home phone: _____ Business Phone: _____

Relationship to you: _____

Name: _____

Address: _____

Home phone: _____ Business Phone: _____

Relationship to you: _____

Emergency

In the event of an emergency, please contact:

Name: _____

Phone number: _____

Relationship to you: _____

