

Date Room Required \_\_\_\_\_

## 1<sup>st</sup> Stop Woodlawn Residence Application for Permanent Rental Housing

### 1. Applicant Information

|                          |  |             |      |
|--------------------------|--|-------------|------|
| Last Name:               |  | First Name: |      |
| Date of Birth: Year:     |  | Month:      | Day: |
| Social Insurance Number: |  |             |      |
| Telephone Number:        |  |             |      |
| Alternate Number:        |  |             |      |
| Email Address:           |  |             |      |

### 2. Present Housing

At present I live:

|   |   |     |                        |
|---|---|-----|------------------------|
|   | In my own house                         |     | In a women's residence |
|   | In an apartment                         |     | In a rooming house     |
|   | In a boarding home (meals are provided) |     |                        |
| My address is:  |   |     |                        |
| How long have you lived there?                                |   |     |                        |
| Is your name on the lease?                                    |   | Yes | No                     |
| Landlord's name and contact information (telephone or email): |   |     |                        |
| Is your current housing safe?                                 |   | Yes | No                     |
| If no, please explain:  |   |     |                        |
| Are you currently paying rent?                                |   | Yes | No                     |
| If yes, how much is your rent?                                | Monthly                                 |     | Weekly                 |

### 3. Previous Housing

My previous housing was:

|  |                                |                          |                     |                          |                 |
|--|--------------------------------|--------------------------|---------------------|--------------------------|-----------------|
| <input type="checkbox"/>   | My own house                   | <input type="checkbox"/> | A women's residence | <input type="checkbox"/> | A rooming house |
| <input type="checkbox"/>   | An apartment                   | <input type="checkbox"/> | With friends/family | <input type="checkbox"/> | Hostel/shelter  |
| <input type="checkbox"/>   | Boarding home (meals provided) |                          |                     |                          |                 |
| Your previous address:   |                                |                          |                     |                          |                 |
| How long did you live at your previous address?                          |                                |                          |                     |                          |                 |
| Landlord's name and contact information:<br>(phone and/or email address) |                                |                          |                     |                          |                 |

### 4. Employment

|  |                          |                          |                          |                          |                          |        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Are you currently employed?                |                          | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No                       |        |
| If yes:                                    | <input type="checkbox"/> | Full-time                | <input type="checkbox"/> | Part-time                | <input type="checkbox"/> | Casual |
| Job Title:                                 |                          |                          |                          |                          |                          |        |
| Name of employer/program:                  |                          |                          |                          |                          |                          |        |
| Address:                                   |                          |                          |                          |                          |                          |        |
| Are you in an employment training program? |                          |                          | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No     |
| If yes, name of program:                   |                          |                          |                          |                          |                          |        |
| Length of program:                         |                          |                          |                          |                          |                          |        |

### 5. Education

|                              |                          |                          |                          |                          |    |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| Are you currently a student? |                          | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No |
| If yes,                      | <input type="checkbox"/> | Full-time                | <input type="checkbox"/> | Part-time                |    |
| Type of program:             |                          |                          |                          |                          |    |
| Name of School:              |                          |                          |                          |                          |    |
| Address:                     |                          |                          |                          |                          |    |
| Telephone:                   |                          |                          |                          |                          |    |

YWCA Toronto Housing Administration

80 Woodlawn Avenue East, Toronto, ON M4T 1C1 | T 416.961.8101 x397 | F 416.961.7427 | [www.ywcatoronto.org](http://www.ywcatoronto.org)



## 6. Income

Please provide details about current sources of income:  
(gross monthly amount – **before** deductions)

|   |  |
|---|--|
| A) Employment                             |  |
| B) Pension                                |  |
| C) Other                                  |  |
| Ontario Works (OW)                        |  |
| Ontario Disability Support Program (ODSP) |  |
| Student Grants / Loans                    |  |
| Support Payments                          |  |
| Other: specify                            |  |

## 7. Lifestyle and Commitment to YWCA Mandate

1<sup>st</sup> 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 1<sup>st</sup> 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

|                  |  |
|------------------|--|
| 1) Organization: |  |
| Contact Person:  |  |
| Phone Number:    |  |
| 2) Organization: |  |
| Contact Person:  |  |
| Phone Number:    |  |

Can we contact them for a reference?  Yes  No

If on ODSP or OW please provide:

|                   |  |
|-------------------|--|
| Caseworker No:    |  |
| Case Worker Name: |  |
| Phone Number:     |  |

## 8. 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 1<sup>st</sup> Stop Woodlawn Residence?  Yes  No

|   |  |
|---|--|
| If yes, please provide name of tenant(s): |  |
|---|--|

Have you ever resided at YWCA Toronto (housing or shelter)?  Yes  No

|                                    |  |
|------------------------------------|--|
| If yes, when and at what location? |  |
|------------------------------------|--|

## 9. 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: |  |                 |  |

## 10. Emergency

In the event of an emergency, please contact:

|                      |  |
|----------------------|--|
| Name:                |  |
| Phone Number:        |  |
| Relationship to you: |  |

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**Please read the following before signing:**

Completion of this application does not guarantee YWCA Toronto is promising to rent a room to you at 1<sup>st</sup> Stop Woodlawn Residence. If housing is made available to you, the designated room will be occupied by you and you alone, as the sole tenant according to the signed lease with YWCA Toronto.

All information you have given us remains confidential.

In addition to market rent rooms at 1<sup>st</sup> Stop Woodlawn Residence, the YWCA Toronto also offers subsidized housing programs for women. If you qualify for subsidized housing are you interested in finding out about vacancies?  Yes  No

**Consent to Release of Information**

The information I have provided in this application, including financial data, is accurate and complete. I give my consent and authorization to YWCA Toronto to verify any of the information given by me in this application and to contact the individuals whom I have named as references.

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| Name | Date |
|------|------|
|------|------|

Please return completed application form to:

Housing Intake  
YWCA Toronto  
Housing Administration  
80 Woodlawn Avenue East  
Toronto, ON M4T 1C1

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F 416.961.7427  
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