

## Woodlawn Residence Application for Permanent Rental Housing

### 1. Applicant Information

|   |                  |                    |                  |
|---|------------------|--------------------|------------------|
| Last Name:  |                  | First Name:        |                  |
| Date of Birth:                                    | Year:            | Month:             | Day:             |
| Status in Canada:                                 | Canadian citizen | Permanent Resident | Refugee Claimant |
| Gender:   |                  |                    |                  |
| Pronouns:   |                  |                    |                  |
| Phone Number:                                     |                  |                    |                  |
| Alternate Phone Number:                           |                  |                    |                  |
| Email Address:                                    |                  |                    |                  |
| Do you require an accessible unit?                |                  |                    | Yes              |
|   |                  |                    | No               |
| If yes, please describe your accessibility needs: |                  |                    |                  |

### 2. Present Housing

|  |  |                       |     |
|--|--|-----------------------|-----|
| Own home   |  | Women's residence     |     |
| Apartment  |  | With family/friends   |     |
| Unhoused   |  | Hostel/shelter        |     |
| If housed, what is your address                                  |  | Rooming/boarding home |     |
| How long have you lived there?                                   |  |                       |     |
| Do you own residential property that can be lived in year-round? |  |                       | Yes |
|  |  |                       | No  |
| If you rent, is your name on the lease?                          |  |                       | Yes |
|  |  |                       | No  |
| Landlord's name and contact information (telephone or email):    |  |                       |     |
| Why do you want to leave your current housing?                   |  |                       |     |
| Is your current housing safe?                                    |  | Yes                   | No  |
| Are you currently paying rent?                                   |  | Yes                   | No  |
|  |  | If so, how much?      |     |

### 3. Previous Housing

My previous housing was:

|  |  |                     |  |                |  |
|--|--|---------------------|--|----------------|--|
| My own house   |  | Women's residence   |  | Rooming house  |  |
| Apartment  |  | With family/friends |  | Hostel/shelter |  |
| Boarding home<br>(meals provided)  |  |                     |  |                |  |
| Previous address:  |  |                     |  |                |  |
| How long did you live at your previous address?                          |  |                     |  |                |  |
| Reason for Leaving:  |  |                     |  |                |  |
| Landlord's name and contact information:<br>(phone and/or email address) |  |                     |  |                |  |

### 4. Subsidized Housing

|   |     |  |    |  |  |
|---|-----|--|----|--|--|
| Have you ever lived in subsidized housing?                        | Yes |  | No |  |  |
| If yes, what is the name of the housing provider?                 |     |  |    |  |  |
| Do you owe any outstanding rent to a subsidized housing provider? | Yes |  | No |  |  |
| If yes, what is the outstanding amount? \$                        |     |  |    |  |  |
| Do you have a payment plan in place to pay off arrears?           | Yes |  | No |  |  |

### 5. Employment

|  |     |  |    |  |
|--|-----|--|----|--|
| Are you currently employed?                | Yes |  | No |  |
| Name of employer:                          |     |  |    |  |
| Address:                                   |     |  |    |  |
| Are you in an employment training program? | Yes |  | No |  |
| If yes, name of program:                   |     |  |    |  |
| Start and End date of program:             |     |  |    |  |

## 6. Education

|   |     |  |    |  |
|---|-----|--|----|--|
| Are you currently a student?                      | Yes |  | No |  |
| If yes, full or part time?                        |     |  |    |  |
| Type of program:                                  |     |  |    |  |
| Name of School:                                   |     |  |    |  |
| Location:   |     |  |    |  |
| Do you receive OSAP or other educational funding? |     |  |    |  |

## 7. Income and Assets

Please provide current source of income and monthly amount:

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

|   |     |  |    |  |
|---|-----|--|----|--|
| Do you have assets that exceed \$150,000?<br>This would include value of property you own, investments, vehicle, bank accounts, business assets, Tax-Free Savings Accounts, trust funds, cash surrender value of life insurance policy. | Yes |  | No |  |
| Do you own a car?   | Yes |  | No |  |
| Note: There is no parking for tenants or visitors at Woodlawn Residence.  |     |  |    |  |

|  |     |  |    |  |
|--|-----|--|----|--|
| Have you completed your income tax in the past year? | Yes |  | No |  |
|--|-----|--|----|--|

## 8. Community Living and Support

Woodlawn Residence is a housing program for women and gender diverse individuals committed to living in a respectful shared community space. What does this mean to you?

Do you experience challenges that may affect your ability to live independently in a shared setting? If yes, please describe:

At Woodlawn Residence active and positive community involvement is encouraged. What does that mean to you? Are there any ways you would like to be involved in or contribute to the community?

What qualities/characteristics of a person are important to you when you think of sharing your living space.

Someone who is...

Do you have any other concerns about living in a shared setting?

Are you supported or connected to any agencies or individuals? (ex. workers, faith groups, elders)

If so, do we have your consent to contact them for a reference? Yes \_\_\_\_ No \_\_\_\_  
(Please do not include family/friends)

|                         |  |
|-------------------------|--|
| 1) Organization:        |  |
| Contact Person:         |  |
| Phone/Email             |  |
| 2) Organization:        |  |
| Contact Person:         |  |
| Phone/Email:<br>Number: |  |

Do you know anyone currently living at Woodlawn Residence?

Yes \_\_\_\_ No \_\_\_\_

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

If yes, when \_\_\_\_\_ and at what location? \_\_\_\_\_

**Please read the following before signing:**

Completion of this application is step one in the application process and at this stage does not guarantee approval to move in to Woodlawn Residence. If housing is offered, the designated room will be occupied by you and only you as the sole tenant according to the signed lease with YWCA Toronto.

All information you have given us remains confidential. The information is collected and used to assess whether or not you are eligible for Woodlawn Residence housing; to verify information you have provided; to comply with the law and funding requirements; to calculate rent; and to ensure supports are in place as needed.

Woodlawn Residence offers market rent and subsidized rooms. If you qualify for subsidized housing, are you interested in applying for those 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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**Applicant's Signature****Date**

Please return the completed application form to:

Housing Intake, YWCA Toronto  
Housing Administration  
80 Woodlawn Ave E  
Toronto, ON M4T 1C1

Phone: 416-961-8787 x 397  
Fax: 416-961-7427  
Email: [housingintake@ywcatoronto.org](mailto:housingintake@ywcatoronto.org)