

APPLICATION FOR TRANSITIONAL HOUSING

Name	D.O.B.	Date of Application
Current Address	Phone: (Home)	Phone: (Work)
	Community Support/Case Manager:	
Emergency Contact	Phone:	
# Hospitalizations in last 2 years?		
PLEASE NOTE: each applicant must submit income verification prior to tenancy		
Present Accommodation:		
Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> With Relatives <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/>		
Describe your current housing needs, risk factors and safety concerns:		
Monthly income: Sources and Amounts (each applicant must submit income verification)		
Gross Employment Earnings	Savings	Family Support
ODSP	OW	CPP
EI	Other	None
Is there any other information?		
Have you considered applying to any other supportive housing providers?		
Perth & Stratford Housing Including Emergency Housing	519-271-3773 <input type="checkbox"/>	Huron County Housing 519-482-8505 <input type="checkbox"/>
LOFY	<input type="checkbox"/>	Second Stage Housing: Perth County 519-273-7350 <input type="checkbox"/> Huron County 519-482-5288 <input type="checkbox"/>
Family/Friends	<input type="checkbox"/>	Homes for Special Care <input type="checkbox"/>
Private Boarding Home	<input type="checkbox"/>	Shelters <input type="checkbox"/>
Referral source and worker recommendations:		
Signature _____		Date _____

**** PLEASE SEND COMPLETED APPLICATION TO:**
 Transitional Housing Coordinator, 540 Huron St., Stratford, ON N5A 5T9
 519.273.1391 x 306 (phone) – 519.273.0505 (fax)

For more information contact Transitional Housing Coordinators:
Brent Meyers – 519-273-1391 ext. 306 or **Cynthia Miller** – 519-273-1391 Ext. 308