

**Canadian Helen Keller Centre  
Application for Subsidized Housing  
With Intervenor Services**

**Section 1 – Application Information**

**Name:** \_\_\_\_\_

**Home phone/TTY number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Section 2 – Contact**

**Please list a person we can contact on your behalf if necessary. For example, interpreter, agency, relative, friend, community support worker or case manager.**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**If from an Agency, Name of Agency:** \_\_\_\_\_

**Section 3 – Eligibility Requirements**

Are you over the age of 18 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you visually impaired/blind Yes \_\_\_\_\_ No \_\_\_\_\_

Are you hearing impaired/deaf Yes \_\_\_\_\_ No \_\_\_\_\_

How do you communicate expressively and  
receptively? \_\_\_\_\_

\_\_\_\_\_

How do you prefer hard copy information? (ie. braille,  
large print, regular print.) \_\_\_\_\_

\_\_\_\_\_

Can your vision report and hearing report be made  
available upon request? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require the use of an Intervenor for  
communication or are you able to communicate in  
most situations without an Intervenor?

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

\_\_\_\_\_

\_\_\_\_\_

**Please list the activities you may use an Intervenor for.** \_\_\_\_\_  
\_\_\_\_\_

**Are you willing to use an Intervenor at least three times per week (minimum of 10 hours?)**

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

**Do you currently receive Intervenor Services from any other agency? Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**If yes, please state the agency name and how many hours per week you receive service from them.** \_\_\_\_\_  
\_\_\_\_\_

**Are you able to travel independently? Do you require guiding? Do you use a white cane? Please explain.**  
\_\_\_\_\_  
\_\_\_\_\_

#### **Section 4 – Household Information**

**List all the people that will be living with you. (Note: Apartments at CHKC are only 1-bedroom)**

**Name:**\_\_\_\_\_

**Relationship to you:**\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_ **Gender:**\_\_\_\_\_

**Status in Canada (citizen, landed immigrant, refugee claimant):**\_\_\_\_\_

**Section 5 – Accommodation Requirements**

**Are you able to live independently without support services? Yes\_\_\_\_\_ No\_\_\_\_\_**

**What does living independently mean to you, and have you ever received any skills training? (O&M, ADL, computer literacy, etc.)**

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**Do you require housing where additional support services other than Intervenor Services are available? (ie. Nursing, Attendant Care Services) Yes\_\_\_\_\_ No\_\_\_\_\_**

**If yes, please state which additional support services you require:**

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**Do you use support services other than Intervenor services?**

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

**If yes, please state which support services you require:**

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**Is there a personal situation that makes your need for housing urgent? \_\_\_\_\_**

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### **Section 6 – Income Information**

**List all income received by you and all persons who will be living with you in subsidized housing (employment, ODSP, CPP, OAS, etc.)**

**Income Source: \_\_\_\_\_**

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### **Section 7 – Assets Information**

**List all assets owned by you and all persons who will be living with you (investments, bank accounts, RRSP's, property, etc.)**

**Type of Asset: \_\_\_\_\_**

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## **Section 8 – Housing History**

List all previous addresses for the past 3 years.

Previous Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ Date Moved in: \_\_\_\_\_

Date you Moved Out: \_\_\_\_\_

Why did you move out? \_\_\_\_\_

Landlord's name/Agency: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **Section 9 – Previous Subsidized Housing Information**

Have you or anyone in your household, ever lived in subsidized housing anywhere in Ontario?

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

If yes, please give details.

Name of person who lived in subsidized housing: \_\_\_\_\_

Name and address of housing provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

Why did you move out? \_\_\_\_\_  
\_\_\_\_\_

Does anyone in your household owe money to the above or to any other subsidized housing provider?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate amount owing:  
\$ \_\_\_\_\_

**Section 10 – Other Important Information**

Please explain why you would like to live at Rotary Cheshire Apartments and list any other important information about yourself, family, your disability, current housing situation, need for Intervenor Services, etc., that may be important for the purpose of this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Section 11 – Consent to Release**

**This is your agreement with us. Please read it carefully and sign in the spaces below**

**I understand that Canadian Helen Keller Centre will use the information I provide for eligibility purposes.**

**Applicant's Signature:**

X \_\_\_\_\_

**Spouse's/Co-applicant's signature:**

X \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Section 11 – Declaration**

**I give my word that everything I have written in this application is correct and complete.**

**I understand that only the people I have listed here may live with me in subsidized housing.**

**I give my word that I am in Canada legally. Before I can receive housing, I understand that I must pay**



**back or make arrangements to pay any money I owe to any subsidized housing agency.**

**Applicant's Signature:**

**x** \_\_\_\_\_

**Spouse's/Co-applicant's signature:**

**X** \_\_\_\_\_

**Date:** \_\_\_\_\_