

**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.)

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:

Do you use support services other than Intervenor services?

Yes_____ No_____

If yes, please state which support services you require:

Is there a personal situation that makes your need for housing urgent? _____

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: _____

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: _____

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: _____