



HOUSING APPLICATION

Demographic Information

Full Name: _____ Preferred Name: _____

Gender: Male Female Trans Prefer not to answer

Health Card #: _____ D.O.B.: DD / MM / YYYY

Preferred Language: English French Other: _____

Marital Status: Single Married Common Law Divorced Widowed Other

Do you identify as: First Nation Metis Inuit Other: _____ Not Applicable

Veteran Status: Yes No Prefer not to answer

Telephone #: _____ Can we leave a voicemail? Yes No

Email Address: _____

Mailing Address: _____

Do we have permission to contact you at the above number/email? Yes No

Do we have permission to contact you using CMHA letterhead? Yes No

Do you have an alternative number/person we can contact to get in touch with you?

If yes: (consent form required) name / relationship / phone

Income

Income Source? OW ODSP None Other: _____

What is (on average) is your monthly income? \$ _____

Can you provide proof of income today (bank book, pay stub, etc.): Yes No if no, when?

Will you sign a consent for CMHA to obtain your proof of income directly from your income source? Yes No

Are you currently receiving support with managing your income: Yes No

If **yes**, who is helping with managing your income? _____

Employment Status: Employed Full Time or Part Time; Where: _____

Seeking employment/volunteering

Not Seeking employment/volunteering



Housing

Current Living Arrangements:

- Renting: room bachelor 1-bedroom 2+ bedrooms
 Couch Surfing Shelter Hospital Treatment: _____
 Supportive or Transitional Housing: _____ Other: _____

Current rental amount (if applicable): \$ _____ Utilities included? Yes No

Do you have any dependents (children/adults) living with you? Yes No

If **yes**, how many dependents do you support? _____

Why do you feel your current housing isn't meeting your needs? (provide details)

Housing – History

In the last **two (2) years**:

Where were you living/staying? <small>Address/Arrangements (renting, couch surfing, friends, shelter, etc.)</small>	Length of time? <small>i.e. weeks, months, years</small>	Reason for leaving? <small>i.e. eviction, budget, bugs, etc.</small>

In the last **two (2) years** approximately:

How much time did you spend homeless (outdoors or shelter)? _____

How much time did you spend couch surfing with friends and/or family? _____

How many different apartments/units did you rent (or live in)? _____



When did you last live in your own apartment / unit? _____
Reason for leaving? _____
Do you have any rental arrears? Yes No
If **yes**, what is the amount owing? _____
Have you been evicted from a rental property? Yes No
If **yes**, what led to the eviction? _____
Have you been to the Landlord Tenant Board? Yes No
If **yes**, what were the circumstances? _____
Have you ever lived in a group setting or with a roommate? Yes No
If **yes**, what was challenging? _____
If **yes**, what was successful? _____

Housing – External Applications

Have you applied to any of the following:

Greater Sudbury Housing Operations Yes No When? _____
Native People of Sudbury Development Corporation Yes No When? _____
Ontario Aboriginal Housing Services Yes No When? _____
Sudbury Homelessness Network Yes No When? _____

Please provide some rationale on why you did or did not apply for the services above:

Legal

Have you been charged with an offence in the past two years? Yes No
If **yes**, what? _____

Are any of these matters still before the court? Yes No

Would you like a referral to our Justice Case Management Program? Yes No

Have you been incarcerated in the last two (2) years? Yes No

If **yes**, how many days were you incarcerated for in total over the last two (2) years? _____



Support

Are you connected with any formal supports?

Doctor / Nurse Practitioner Yes No Who? _____

Psychiatrist Yes No Who? _____

Assertive Community Treatment (ACTT) Yes No Who? _____

Positive Steps Yes No Who? _____

Home and Community Care Yes No Who? _____

Other: _____ Yes No

Do you have any informal supports (family or friends)? _____

Support

Do you require any support with the following? If yes, please list specifically what you need support with:

Cooking Yes No _____

Groceries/Shopping Yes No _____

Cleaning/Laundry Yes No _____

Budgeting/Banking Yes No _____

Accessing Services Yes No _____

Using Public
Transportation Yes No _____

Personal Hygiene Yes No _____

Medication Yes No _____

Attending Appointments Yes No _____

Physical Health Concerns Yes No _____

Mental Health Concerns Yes No _____

If there are any other supports you feel you may need, please list them below:

What is your primary mode of transportation? _____



Substance Use

Do you use substances? Yes No

If **yes**, what? _____

Would you like support with your substance use? Yes No

Do you have any triggers that affect your substance use? (i.e. people, places, things).

Mental Health

Are you currently experiencing any of the following mental health concerns? Check as many that apply.

- | | |
|--|--|
| <input type="checkbox"/> ADD/AHD | <input type="checkbox"/> Mood Disorder/Depression |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Personality Disorder |
| <input type="checkbox"/> Developmental Disorder (ie. Autism) | <input type="checkbox"/> Schizophrenia/Psychosis |
| <input type="checkbox"/> Feeding/Eating Disorder | <input type="checkbox"/> Specific Phobias |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Substance Related Disorder |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None |

When you are experiencing negative emotions or symptoms of mental health, what methods do you use to cope?

Medical History

Do you have any:

Physical Health Concerns/Issues Yes No

If **yes**, what? _____

Allergies/Sensitivities Yes No

If **yes**, what? _____

Acquired Brain Injury (ABI) Yes No

If **yes**, what? _____

Do you live with a:

Learning Disability? Yes No

If **yes**, what? _____



Canadian Mental
Health Association
Sudbury/Manitoulin

Association canadienne
pour la santé mentale
Sudbury/Manitoulin

Do you require the use of assistive devices (ie. walker, hearing aid, etc.)? Yes No
If **yes**, what? _____

If you have any other concerns regarding your physical health, please list them below:

Additional Information

Thinking about the past six (6) months, have you:

- | | | | |
|--|------------------------------|-----------------------------|----------------------|
| Been to the Emergency Room? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of times? _____ |
| Been seen by Paramedics (EMS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of times? _____ |
| Used a Crisis Service or Hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of times? _____ |
| Any suicide attempts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of times? _____ |
| Experienced an overdose that required intervention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of times? _____ |
| Been hospitalized for 1 or more nights for psychiatric reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of days? _____ |
| Been hospitalized for 1 or more nights for other health reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, why? _____ |
| Participated in a treatment program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, where? _____ |

Have you ever experienced trauma/violence? Yes No

What has been the biggest challenge with securing / maintaining housing?

Applicants Name: _____ Applicants Signature: _____

Witness Name: _____ Witness Signature: _____

Please be advised that if applying for Moonlight, Rent Supplement and/or Justice Rent Supplement additional appendices are required.