



Dawn House Services and Housing for Women Inc.

965 Milford Drive  
Kingston, Ontario

K7P 1S2

Charitable #107007981

[www.dawnhouse.net](http://www.dawnhouse.net)  
E-Mail: [dhouse@kingston.net](mailto:dhouse@kingston.net)

613-545-1379

Application for Permanent Unit  Transitional Unit  (✓ Which applies)

### APPLICATION FOR HOUSING

Dawn House provides affordable housing with supports to homeless women and women at risk of homelessness. Completing an application does not guarantee that you will be offered an apartment or room. All units are single occupancy only. Information collected on, and with, this application is used to confirm your eligibility for housing with Dawn House. Unless authorized by a Written Consent, information collected will remain confidential and for internal use only.

#### ELIGIBILITY REQUIREMENTS (✓ all that apply)

- You are a woman 16 years of age or older
- You are in need of safe affordable housing
- Your annual income is less than \$25,000/year
- You have a need for the support programs Dawn House provides
- You will commit to participating in the supports that Dawn House provides

#### SECTION 1: PERSONAL INFORMATION

|  |         |  |
|--|---------|--|
| Name:  |         | Birthdate:   |
| Address:   |         | City:  |
| Postal Code:   | E-Mail: | Phone:   |
| Do you identify as being an Indigenous woman?  |         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other _____ |         |  |
| Citizenship: Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/>                         |         |  |
| Language Spoken: English <input type="checkbox"/> French <input type="checkbox"/> Other _____                    |         |  |

## SECTION 2: INCOME

What is your source of income?

- Ontario Works (OW)
- Employment Income
- Ontario Disability Support Program (ODSP)
- Canada Pension Plan (CPP)
- Old Age Security (OAS)
- Other \_\_\_\_\_

What is your monthly Income from all sources (do not include HST rebate, Trillium) \_\_\_\_\_

## SECTION 3: HEALTH ISSUES/CONCERNS

**Do you have any health issues? (✓ all that apply)**

- Mental Health Concerns
- Physical Health Concerns
- Problematic Substance Use (Drugs/Alcohol)
- You require wheel chair accessible housing
- You have an issue with stairs/living on the second floor
- Other \_\_\_\_\_

## SECTION 4: HOUSING

Please tell us about your current living conditions.

- Detox  Shelter  Hospital
- Staying with a friend, or friends (couch surfing)
- Homeless - Sleeping rough/on the street
- Other \_\_\_\_\_

How long has it been since you have had stable housing?

Up to 3 months

Between 3 months and 6 months

Between 6 months and 12 months

More than 1 year

# of years \_\_\_\_\_

Do you own a pet or pets?  YES  NO If yes, how many and what kind?

\_\_\_\_\_

**SECTION 5: CURRENT SUPPORTS/REFERENCES**

Did someone from an organization help you to complete this application?  YES  NO

If yes, please provide contact information for the individual/organization

|                                |                              |              |
|--------------------------------|------------------------------|--------------|
| Contact Name                   | Organization (if applicable) | Phone Number |
|                                |                              |              |
| Contact's Relationship to You: |                              |              |

I give permission for Dawn House to contact this individual \_\_\_\_\_

**Contact Information**

Please provide the names of people who have the ability to help us to locate you and/or verify the information provided in this application. This could include but is not limited to: health care professionals, income assistance, mental health team, outreach or caseworkers, close relatives or friends.

|                                |                              |              |
|--------------------------------|------------------------------|--------------|
| Contact Name                   | Organization (if applicable) | Phone Number |
|                                |                              |              |
| Contact's Relationship to You: |                              |              |

I give permission for Dawn House to contact this individual \_\_\_\_\_

|                                |                              |              |
|--------------------------------|------------------------------|--------------|
| Contact Name                   | Organization (if applicable) | Phone Number |
|                                |                              |              |
| Contact's Relationship to You: |                              |              |

I give permission for Dawn House to contact this individual \_\_\_\_\_

|   |                              |              |
|---|------------------------------|--------------|
| Contact Name  | Organization (if applicable) | Phone Number |
|   |                              |              |
| Contact's Relationship to You:                                    |                              |              |
| I give permission for Dawn House to contact this individual _____ |                              |              |
| Contact Name  | Organization (if applicable) | Phone Number |
|   |                              |              |
| Contact's Relationship to You:                                    |                              |              |
| I give permission for Dawn House to contact this individual _____ |                              |              |
| Contact Name  | Organization (if applicable) | Phone Number |
|   |                              |              |
| Contact's Relationship to You:                                    |                              |              |
| I give permission for Dawn House to contact this individual _____ |                              |              |

|   |
|---|
| <b>SECTION 6: SUPPORTS AND SERVICES</b>   |
| What community support services have you been involved with in the past?<br>_____   |
| What services do you use now?<br>_____  |
| What supports do you feel you need to meet your goals? (✓ all that apply)   |
| <input type="checkbox"/> Counselling re Trauma/Abuse<br><input type="checkbox"/> Assistance with substance abuse/addiction<br><input type="checkbox"/> Employment skills<br><input type="checkbox"/> Finishing High School/Attending Post-Secondary Institution<br><input type="checkbox"/> Social Isolation (Leisure activities, building relationships)<br><input type="checkbox"/> Hoarding Management<br><input type="checkbox"/> Mental health supports<br><input type="checkbox"/> Physical health supports |

- Legal Issues
- Assistance with immigration
- Other

Assistance with Daily Living Tasks

- Budgeting/Financial Management/Banking
- Meal Planning and Preparation
- Housekeeping
- Shopping
- Laundry
- Personal Hygiene
- Public Transportation and Community Mapping
- Community Involvement
- Other \_\_\_\_\_

**SECTION 7 – DECLARATION AND CONSENT**

The personal information provided with this application is collected by Dawn House under the authority of the *Housing Services Act, 2011, c.6.* (HSA) Questions about this collection should be directed to the Housing Manager, 965 Milford Drive, Kingston, Ontario K7P 1S2 or at 613-545-1379, extension 22.

I understand that:

- This information is collected to permit Dawn House (and their respective employees, agents and or contractors) to determine initial eligibility for housing.
- This information will also be used for the continuing review, monitoring and updating of my application should my application be approved and I am placed on a waiting list for an apartment/room.
- A file containing personal information related to my application for tenancy will be created and the information therein may be shared with Dawn House employees, agents, contractors and agencies where consent has been given.

- I may have access to my personal information. To do so, I must provide Dawn House with a written request.
- My signature below confirms that I give Dawn House permission to check the information I have provided with the person or agency I have identified in this application.

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Signature of Applicant

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Date (Day/Month/Year)

Declaration:

I declare that all information given in this application is correct and complete.

I agree that the application and any supporting documents become the property of Dawn House.

I agree to provide any supporting material as may be required.

I understand and agree that if accommodation is provided to me the apartment/room will be occupied solely by me.

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Signature of Applicant

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Date (Day/Month/Year)

## **LIST OF ACCEPTABLE DOCUMENTATION**

A Photocopy of ONE of the following Personal Identification Documents must be attached to your application.

### **Canadian Citizens**

- Canadian Birth Certificate
- Hospital Birth Records
- Canadian Passport
- Certificate of Indian Status
- Social Insurance Number Card
- Confirmation by Registrar General of Notice of Registration of Birth

### **Permanent Residents**

- Permanent Resident Card
- Confirmation or Record of Landing
- Social Insurance Card
- Returning Resident Permit
- Canada Certificate of Identity
- Canadian Travel Document that indicated “Landed”
- Foreign passport – this document must be stamped “permanent resident” by Citizenship and Immigration Canada