

Bridge-it Housing for Women — Application Form

First Name:	Last	Name:		
Birth Date/ Current Ad	dress:	City:	Postal Code:	
Phone Number: () (ell Phone: ()	Alt	ernate Phone: ()	
Preferred Method of Contact: Pho	ne Cell Phone	Alternat	e Phone	
Do you have a pet?: If yes, please	what type:		No	
Income Information				
What is your source of income?:	If OW	If OW, ODSP Worker Name:		
Reason for Application:				
I am leaving an abusive relationship	I am	I am in need of affordable Housing		
Have your children been abused?	Othe	Other:		
Description of Partner				
·	AKA:			
Physical Description:				
Vehicle Description:				
Current Address:				
Anyone associated with partner that y				
Are you applying as a single applican	?: If yes, please list	children wh	no will be living with you. No	
Name: DOB: _	Gender: _	Cu	stody Status:	
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Additional information about custody/	visitation?:			
What would you hope to accomplish v	hile living in the Bridge	e-it Housing	Program?:	
What types of supports would you like	to receive while living	in the Bridg	e-it Housing Program?:	
Emergency Contact:		Relationship:		
Phone:	_ Are they supportive	?: Yes	No	

Please return complete form to: Transitional Housing Worker — Lennox & Addington Interval House P.O. Box 113 Napanee ON K7R 3M4 — FAX #: 613-354-7311