

Communal Living Housing for Women – Application Form

First Name:	Last Name:	
Birth Date / Current Address:	City:	Postal Code:
Phone Number: () Cell Phone: () A	Iternate Phone: ()
Preferred Method of Contact: Phone Cell Ph	one Alterna	ate Phone
Reason for Application:		
I am in need of affordable Housing		
Housing in Deseronto Housing i	n Napanee	Housing in Either Location
Description of Partner		
Name:	<i>F</i>	AKA:
Physical Description:		
Vehicle Description:		License Plate #:
Current Address:		
Anyone associated with partner that you are concerned about?		
Income Information		
What is your source of income?: Ift OW, ODSP Worker Name:		
What would you hope to accomplish while living in the Communal Living Program?:		
What types of supports would you like to receive while living in the Communal Living Program?:		
Do you have any special needs/issues we should be aware of?:		
Besides your family, have you ever had a roommate?:	Yes	No
Are you willing to participate in other programs?:	Yes	No
Are you struggling with any of the following?:		
Addiction Mental Health		_ Legal Matters
Do you currently receive support from another agency	?: If yes, ple	ase state who: No
Emergency Contact: Relationship:		
Phone: Are they sup		No
		Dulu
Signature of Applicant:		Date:
Please return complete form to:Transitional Housing Worker — Lennox & Addington Interval HouseP.O. Box 113 Napanee ON K7R 3M4 — FAX #: 613-354-7311		

Additional information or if you require more space, please use the back of the page.