

PROVIDER INFORMATION (This section to be completed by the provider.)

Provider name:			
Street address:			
City:		Postal code:	
Contact name:		Telephone:	
Fax:		Email:	
Mandate:			

APPLICANT INFORMATION (This section to be completed by the applicant.)

Applicant name:			
Street address:			
City:		Postal code:	
Telephone:		Email:	

You are encouraged to attach any additional information (e.g. resume) or documentation that will help the provider to make a decision about your eligibility to live in their development.

Have you attached any additional documentation? Yes No If "Yes," what did you attach?

CONFIRMATION OF ELIGIBILITY (This section to be completed by the provider.)

This will confirm that the above applicant and his/her household satisfy the terms of your mandate as defined by the City of Toronto in their role as Service Manager. This will authorize Housing Connections to add the applicant/household to our waiting list.

Provider signature: _____ Date: _____