

Please submit a new Housing Connections application for the household with this completed form.

Provider information						
Provider name:						
Address:						
City:		Postal Code:				
Contact name:			Telephone:			
Fax:		Email:				
Applicant's status in Canada – Please confirm each household member's status in Canada. If you need more space, please attach a separate sheet.						
Household member	Status in Canada					
	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Refugee/ claimant <input type="checkbox"/>	Applied for Permanent Residence <input type="checkbox"/>		
	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Refugee/ claimant <input type="checkbox"/>	Applied for Permanent Residence <input type="checkbox"/>		
	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Refugee/ claimant <input type="checkbox"/>	Applied for Permanent Residence <input type="checkbox"/>		
	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Refugee/ claimant <input type="checkbox"/>	Applied for Permanent Residence <input type="checkbox"/>		
	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Refugee/ claimant <input type="checkbox"/>	Applied for Permanent Residence <input type="checkbox"/>		
Tenancy information						
When did this household become overhoused?						
Has the applicant refused any housing offers while on the internal waiting list? <input type="checkbox"/> No <input type="checkbox"/> Yes If <i>yes</i> , please list the details: Housing offer date: _____ Location: _____ Housing offer date: _____ Location: _____						
Current unit size	<input type="checkbox"/> Bach	<input type="checkbox"/> 1 bed	<input type="checkbox"/> 2 bed	<input type="checkbox"/> 3 bed	<input type="checkbox"/> 4 bed	<input type="checkbox"/> 5 bed
Unit size required:	<input type="checkbox"/> Bach	<input type="checkbox"/> 1 bed	<input type="checkbox"/> 2 bed	<input type="checkbox"/> 3 bed	<input type="checkbox"/> 4 bed	<input type="checkbox"/> 5 bed
<i>I confirm that all of the applicant information in this form and in the attached application is accurate.</i>						
Provider signature:					Date:	

**Alternative Housing or
Market Rent Tenant
Provider Authorization**

Provider information			
Provider name:			
Address:			
City:		Postal Code:	
Contact name:		Telephone:	
Fax:		Email:	
Applicant Information			
Applicant name:			
Address and postal code same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please provide address below)</i>			
Development:			
Address:		Unit #:	
City:		Postal code:	
Tenancy information <i>Please check the tenancy type that applies.</i>			
<input type="checkbox"/> Alternative housing tenant Original move-in date:			
OR			
<input type="checkbox"/> Market rent tenant Original move-in date:			
Unit size required:	<input type="checkbox"/> Bach <input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed <input type="checkbox"/> 3 bed <input type="checkbox"/> 4 bed <input type="checkbox"/> 5 bed		
Provider signature:		Date:	