



PO Box 57082, Somerset PO,
Ottawa, ON, K1R 1A1

HOUSING APPLICATION FORM

WELCOME!

Harmony House is Second Stage Housing for Women and Children who are survivors of violence. With this application you can be considered for housing with Harmony House. The purpose of the questions is to help us learn more about you and assess what your particular needs are, so please answer them completely and accurately. The confidentiality of the information you provide will be respected though it may be used anonymously for statistical purposes. The completed form should be faxed or mailed to the above address.

Date of Application _____

A. PERSONAL INFORMATION:

1. First Name _____ Last Name _____
2. Current Address _____
3. Current Telephone Number _____
4. Alternate Name and Contact Number _____
5. Organization or relationship _____
6. Date of Birth (DD/MM/YYYY) ____/____/____
7. Do you require cultural interpretation for an interview? Y/N
8. If yes which language? _____ Country of origin? _____
9. Please list the names, birth dates and gender of any children living with you and not living with you:

Name	Date of Birth(dd/mm/yy)	Gender

10. Are you currently involved with Children's Aid? Y/N

11. Status in Canada

Canadian Citizen ___ Landed Immigrant___Refugee Claimant___

12. How did you find out about Harmony House?

Shelter staff___community support worker___
health care professional___friend___ other (please
list)_____

13. Do you have any health problems or limitations we should be aware of?

Y/N

Please Explain_____

14. Have you and/or your children come into contact with bed bugs? Y/N

(If yes, follow bed bug protocol)

15. Do you have pets? Y/N (please circle one).

16. If yes, are you concerned about your animal's well-being? Y/N (please circle one, if yes, please elaborate): _____

B. CURRENT HOUSING SITUATION

1. Are you currently Homeless? Y/N

2. Where are you staying Now?

Hospital___Family/Friend___Homeless Shelter___Abused Women's
Emergency Shelter___Motel___Correctional Facility___Other
(please explain)_____

3. If you are applying from a shelter at what date were you admitted to that shelter?

(dd/mm/yy)___/___/___

4. If you are not applying from a shelter, what date did you leave the abusive relationship?

(dd/mm/yy) ___/___/___

5. Have you applied for subsidized housing through The Ottawa – Carleton Housing Registry? Y/N

6. If yes, what status have you received?

Special Priority___Urgent-Safty Priority____ Medical Priority ___Homeless
Status___ Chronological ___ Don't Know___

C. INCOME INFORMATION

1. Income Source

Source	Monthly Amount
Ontario Works(OW)	
Ontario Disability Support Program (ODSP)	
Canada Pension Plan (CPP) Disability	
Employment Insurance (EI)	
Salary/Wages	
Insurance	
Pension	
Other	
Total Monthly Income	

2. If you have applied for one of the above sources but are not receiving it, please provide details _____

3. Do you have a public trustee Y/N

4. If yes, Please provide contact name and information _____

5. If your income is OW or ODSP please prove the contact information of your income assistance worker _____

D. INFORMATION REGARDING THE ABUSE

1. Name of Abuser_____

2. Address of Abuser_____

3. Relationship to the person abusing you_____

E. TYPES OF ABUSE EXPERIENCED

1. Have you experienced any of the following? Please check all that apply.

	Once	Occasionally	Frequently
Isolation (restricting your freedoms, keeping you away from family, friends)			
Male Privilege (treating you like a servant, demanding obedience, treating you like an inferior)			
Threats and Psychological Abuse (threatening, harrassment, stalking, depriving you of sleep or food, turning people against you, destruction of personal items)			
Economic Abuse (withholding money or necessities, restricting you to an allowance, building up debts, making you account for you money, making you turn over earnings)			
Intimidation (sudden mood changes, shouting, hitting or throwing things, killed or neglected animals/pets, giving you the silent treatment)			
Emotional Abuse (insults, criticism, blaming, undermining your parenting, calling you names, putting down your appearance)			
Sexual Abuse (withdrew affection, excessively jealous, did not allow birth control, non-consensual use of objects, use of sex as a punishment, sex			

accompanied by violence or threats, pressured or forced sex)			
	Once	Occasionally	Frequently
Physical Abuse (threw you, punched you, bit you, shook you, pulled your hair, choked you, covered your mouth, threatened you with a weapon or used a weapon to hurt you, assaulted you when you were pregnant)			

2. Does this person have access to guns or other weapons? Y/N If yes, Please explain _____

3. Has this person ever threatened to kill you, your children or others? Y/N If yes, please explain _____

4. Is there any other way in which this person(s) is a danger to you and /or your children? _____

5. Have any charges been laid? Y/N? If yes please explain _____

6. Do you have any of the following orders in place?
Peace Bond___Restraining Order___Custody___

7. Please list and explain any upcoming court dates _____

F. NEEDS ASSESSMENT

1. What kinds of supports do you feel you need?

	Yes	No
Legal		
Housing		
Financial		
Counselling		
Medical		
Parenting		
Other (please explain)		

2. Please tell us how living at a second stage shelter would be of benefit to you and/or your children (if applicable)_____

If someone assisted you in filling out this application form please state their name and their relationship to you.

Name:_____

Relationship to Applicant:_____

YOUR DECLARATION

This is your agreement with us. We promise that your confidentiality will be respected. You agree to what is set out below. Please read it carefully before signing.

I have done my best to ensure that the information provided in this application is correct.

Applicant's Signature_____ **Date**_____

(Modified on September 12, 2016)