



Housing List –Registration Form

Date : _____

1. **Total of household members:** _____ (Please check all that apply)

# of Adults	Age		Gender			# of Children	Age		Gender		
	19-64	65+	Female	Male	Trans/ non binary: _____		0-12	13-18	Female	Male	Trans/ non binary : _____
Adult One						Child One					
Adult Two						Child Two					
Adult Three						Child Three					
Adult Four						Child Four					
						Child Five					
						Child Six					
						Child Seven					

2. **Number of times you have used the housing list this month:** _____

3. **Current living arrangement:**

Couch surfing
 Renting

Mortgage
 Shelters

On the street
 With friends/family

4. **Reason for relocation:**

Current housing unaffordable
 Issues with landlord
 Leaving abusive/unsafe situation
 Moving into area
 Released from jail
 Unsuitable housing
 Other (specify) _____

Evicted
 Job relocation
 Leaving home for first time
 Released from hospital
 Student seeking housing
 Landlord sold property

5. **Source of income:**

Wages
 ODSP

E.I.
 Ontario Works

None
 Other (specify) _____

6. **Can we call you to see if this list was helpful?** yes no

Name: _____ Telephone: _____