

## NOW Canada Housing Support New Client Referral Form

*This form is for individuals who need extra support finding and/or maintaining market housing, or those who require assistance applying for subsidized housing.*

<b>Date of request</b>	
<b>Full Name of Applicant</b>	
<b>Applicant Phone Number</b>	
<b>Referring Agent Name &amp; Contact Info</b>	
<b>Family Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family (Total number: _____)
<b>Current Source of Income</b>	<input type="checkbox"/> Employment <input type="checkbox"/> IA <input type="checkbox"/> PWD <input type="checkbox"/> EI <input type="checkbox"/> CPP Other: _____ <b>MONTHLY INCOME:</b> \$ _____

<b>Check those that apply for the client:</b>	
<input type="checkbox"/> Identifies as Aboriginal	<input type="checkbox"/> Victim of Violence (past or present) or At-Risk of Violence
<input type="checkbox"/> Leaving Health Care System	<input type="checkbox"/> Youth (ie. under age of 24)
<input type="checkbox"/> Leaving Correctional System	<input type="checkbox"/> Other: _____

Housing Barriers	
<b>What is preventing the client from obtaining or maintaining housing? (Select all that apply)</b>	<input type="checkbox"/> Language Barriers <input type="checkbox"/> Hygiene Issues <input type="checkbox"/> Mobility limitation/wheelchair access <input type="checkbox"/> Active in Addictions <input type="checkbox"/> No references <input type="checkbox"/> Income/Money/Finance Related <input type="checkbox"/> Missing Identification <input type="checkbox"/> Pets <input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Credit status <input type="checkbox"/> Other: _____

<b>Please describe the client's situation and need for Housing Support:</b>

***Please Fax/email or drop off this application at NOW Canada and a member of our Housing Support Team will contact you.***