

Lanark County Interval House and Community Support (LCIHCS)

HOUSING OPTIONS APPLICATION FORM

Name: _____ Date: _____

This application encompasses a variety of LCIHCS housing opportunities. Please read a description of each housing opportunity and check the box of the properties that you are interested in applying for.

Residents are required to pay rent based on their income. All units qualify for a rent geared to income (RGI) subsidy, if the applicant's income qualifies. If an applicant does not qualify, they will be required to pay the market rent for the unit.

Residents are required to agree to specific Housing Policies and Procedures. Residents are required to sign and adhere to LCIHCS Residency Agreement.

LCIHCS 2nd Stage Housing

An apartment-style residence located in Carleton Place, Ontario is gear towards women and their children who are survivors of violence. This program provides a transitional period from an unsafe living situation to independent living in the community. We provide safe and affordable housing up to eighteen months with goal-oriented programs of individual and group support, accompaniment, advocacy, and referrals. Onsite security includes cameras and airphones for entrance into units. Staff are present onsite through the week. No identified abusers, men, or pets are allowed onsite.

Who is eligible to apply?

Residency is available to any women over the age of 16, with or without children, who has already exited or is looking to exit an abusive situation and needs community and support where they can continue to build their skills towards being independent. Maximum occupancy is 4 people per unit.

LCIHCS Beyond 2nd Stage Housing

An apartment-style residence located in Perth, Ontario for women and their children who are survivors of violence. There are security cameras and airphones for entrance into units. No staff onsite. No pets are allowed onsite. No identified abusers allowed onsite.

Who is eligible to apply?

Residency is available to any women over the age of 16, with or without children, who has already exited an abusive situation and is looking to continue to build their skills towards independence. Maximum occupancy is 4 people per unit.

Other LCIHCS Housing Opportunities

At times, LCIHCS will have other housing opportunities present themselves in which the agency will look for a suitable candidate. No added security features. These also fall under the LCIHCS residency agreement which includes no pets and no identified abusers allowed onsite.

Who is eligible to apply?

Residency is available to any women over the age of 16, with or without children, who have already exited an abusive situation. Maximum occupancy is 6 people per unit.

Privacy Declaration

All personal information collected is confidential; it may be used anonymously for statistical purposes. No information will be shared with anyone outside of the organization without the permission of the applicant or when required by law.

Please note: It is important that you answer all the questions below as completely as possible so we can determine your eligibility for residency.

A. PERSONAL INFORMATION:

- 1. First Name: _____
Last Name: _____
- 2. Current Address: _____
- 3. Current Telephone Number: _____
Is it safe to leave a message, text and call at this number: Y N
- 4. Email Address: _____
Is it safe to email you Y N
- 5. Preferred method of contact Phone Email
- 6. Alternate Name and Contact Number: _____
- 7. Self-Referral: Y N

Or

Referral Agency: _____
Worker's contact info: _____

- 8. Date of Birth (DD/MM/YYYY) ____/____/____
- 9. Do you require cultural interpretation for an interview? Y N
If yes, which language: _____
Country of origin: _____

10. Please list the names, birth dates and gender of any children that you have:

Name	Date of Birth (dd/mm/yy)	Age	Gender	Living with you	Visits you
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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

12. Status in Canada: Canadian Citizen
 Landed Immigrant/Permanent Resident
 Refugee Claimant
 No Status

13. How did you find out about LCIHCS Housing opportunities?

<input type="checkbox"/> Shelter staff
<input type="checkbox"/> Community support worker
<input type="checkbox"/> Health care professional
<input type="checkbox"/> Friend
<input type="checkbox"/> Other (please list)

14. Do you have any health concerns or limitations we should be aware of?
Please explain: _____

15. Are you applying for a(n):
 Accessible Unit Ground Floor Unit Any Unit Available

16. Have you and/or your children come in contact with bed bugs in the last 3 months?
 Y N
If yes, have you followed the bed bug protocol: Y N

17. Do you have pets? Y N
If yes, do you have somewhere safe for your animal to go? Y N
Please elaborate: _____

B. CURRENT HOUSING SITUATION:

1. Are you currently Homeless? Y N
2. Where are you staying now? _____

<input type="checkbox"/> Hospital	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Abused Women's Emergency Shelter
<input type="checkbox"/> Motel	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> At Home	

Other (Please explain): _____

3. Have you applied for subsidized housing? Y N

4. If yes, what status have you received?

- Special Priority
 Urgent-Safety Priority
 Medical Priority
 Homeless Status
 Chronological
 Don't Know

5. Subsidized housing now requires that you submit your tax assessment from the previous year. LCIHCS Housing is subsidized by Lanark County subsidized housing and therefore will ask for your tax assessment if you are offered a unit.

Have you done your taxes for last year? Y N

If yes, do you have a copy of your tax assessment? Y N

If no, can you get your taxes done? Y N

Would you need help to get your taxes done? Y N

Do you have anyone who can assist you with this? Y N

Comments:

C. INCOME INFORMATION

1. Income Source

LCIHCS Housing program operates from a rent-geared-to-income basis therefore; we need to ensure your ability to pay rent.

****If you currently do not have an income you need to be willing to work with other agencies and staff to secure an income. Would you be willing to work with staff and other agencies to secure an income:** Y N

Please list your monthly income amounts:

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

If yes, please provide contact name and information:

4. If your income is OW or ODSP please provide 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: _____

4. Do you have contact with your abuser? Y N

If yes please give details:

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, harassment, 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 your 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 (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)			
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 any upcoming court dates: _____

8. How long ago did you leave the abusive relationship? Do you have safety concerns?

If so, please explain: _____

E. NEEDS ASSESSMENT

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

	Yes	No
Legal		
Education		
Financial		
Employment		
Counselling		
Medical		
Parenting Support/Tools		
FCS Navigation/Support		
Immigration		
Housing		
Other (please explain)		

These will be addressed together with our LCIHCS Community Support team

NEXT STEPS (IMPORTANT):

Once we receive this complete application, the LCIHCS Housing Coordinator will contact the applicant to confirm any additional info needed and let them know if they are on the waitlist for the corresponding programs.

Please note that many of the of LCIHCS Housing Opportunities have a dynamic waitlist and therefore the coordinators of each program may occasionally contact you throughout the waiting period to determine your continued interest.

When your application comes to the top of the list, the coordinator will contact you to schedule an interview.

***** If we do not get a response after calling and/or emailing you **THREE** times your name will be automatically removed from the waitlist so please email housing@lcih.com or call 613-253-8846 if your info changes.

If you have been assisted with this application in any way, please leave the contact information for this person below:

N/A

Name: _____

Relationship to Applicant: _____

DECLARATION

The information you give will be kept confidential within our agency.

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

1. I DECLARE:

This is my application and all the information in it is true and complete to the best of my knowledge.

2. I PERMIT:

LCIHCS staff to verify any of the information I have provided in this application to assess my eligibility for residency.

I ACKNOWLEDGE AND UNDERSTAND THAT:

It is my responsibility to inform LCIHCS Housing of any changes to my contact information.

If I wish to withdraw the consent, I may do so at any time in writing to LCIHCS Housing, however withdrawal of this consent will remove me from the application process.

Applicant's Signature

Date

Witness:

Date:

(March 2023)