



HOMELESS STATUS

For Office Use Only

Complete this form and return it one of these ways:

By Mail:

Niagara Regional Housing
P.O. Box 344
Thorold, ON L2V 3Z3

By Fax: 905-935-0476

In Person:

Niagara Regional Housing
Regional Admin Building
Campbell East

1815 Sir Isaac Brock Way, Thorold

WHAT IS HOMELESS STATUS?

Homeless status may be assigned to your application if you are:

- Living on the street (no shelter)
- Living in a motel
- Living in substandard housing which has been condemned by the municipality
- Using the emergency shelter system as your primary residence
- Your accommodation has recently been destroyed by fire or natural disaster
- Living with family or friends on a temporary basis for less than six months
- Awaiting release from hospital or other time-limited treatment facility, and cannot return to your former place of residence due to the modifications required to the home

APPLICANT CONSENT

I, _____ hereby request Homeless status and authorize and consent to the completion of this form and its submission to Niagara Regional Housing and to the disclosure to NRH of any additional information it may request to clarify information on this form.

Applicant Signature

Date

YOUR CONTACT INFORMATION

Please tell us where you would prefer to be contacted below

Primary Phone # _____

Alternate Contact # _____

Mailing Address: _____

OFFICE USE ONLY

Approved Denied Date _____ Staff Signature _____

WHO CAN VERIFY YOUR SITUATION?

The following professionals can verify your situation:

- Doctor
- Member of the Clergy
- An individual in a managerial or administrative position with a housing provider
- Community service worker including: community health care worker, social worker, social service worker, victim services worker, settlement services worker, shelter worker, and community legal worker
- Any service agency or medical care facility
- Lawyer
- Guidance Counsellor
- Teacher
- Registered Nurse
- Law Enforcement Officer
- Registered Practical Nurse

TO BE COMPLETED BY VERIFIER

Name:	Position/Title:
Organization:	Phone Number:

The applicant is living on the street (no shelter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant is living in a motel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant is living in substandard housing which has been condemned by the municipality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant's accommodation has recently been destroyed by fire or natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant is awaiting release from hospital or other time-limited treatment facility and cannot return to their former place of residence due to the modifications required to the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant is using the emergency shelter system as their primary residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text" value="Name of shelter/agency"/>		
The applicant is living with family or friends on a temporary basis (less than six months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text" value="If yes, when did the applicant move in?"/>		

Professionals providing verification must answer all of the following statements:

I have reviewed the eligibility criteria for Homeless status and in my professional capacity am eligible to verify the applicant's situation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I declare that to the best of my knowledge, the information I have provided is an accurate account of the applicant's situation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that NRH will rely on the information I have provided to assess the applicant's eligibility for Homeless status	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Professional's Signature:	Date:
---------------------------	-------