

5. Do you have any special housing needs? Please explain:

6. Do you own a pet? NO YES If yes, what kind? _____ How many? _____

7. What, if any, supports would you like to identify that Adsum may be able to provide for you (e.g. advocacy, accessing resources, supportive counselling)?

HOUSING HISTORY

8. How many moves have you made in the last two years? _____

9. Length of time at present address: _____

10. Are you under notice to vacate your home? YES NO

If yes, what date do you have to vacate? _____

11. Please check one of the following that best describes your present situation:

Private rental Non-profit Co-op Own home Family/friends

Other (Please describe) _____

12. Monthly housing cost: \$ _____

Utilities (heat & electricity) included? YES NO

If no, estimate average monthly utility charges: \$ _____

13. If you move from your present accommodation, how much notice are you required to give?

1 Month 2 Months Other _____

14. Why are you moving? _____

HOUSING REFERENCES

Name of Landlord at last permanent address:

Phone:

PLEASE PROVIDE TWO REFERENCES (NOT FAMILY):

Name, full address (including postal code), phone number, and occupation:

1.

2.

FINANCIAL INFORMATION

Current/Last Employer (if applicable): _____

If receiving social assistance:

Worker's Name: _____ Office: _____

Phone Number: _____

I agree to supply Adsum for Women & Children further documentation verifying the following income amounts:

- Pay stub
- E.I. stub
- Social Assistance stub or letter
- W.C.B. statement
- Pension receipt
- Alimony statement
- Child support statement
- T-4A slip and financial statement (if self-employed)
- Bank interest statement (if over \$100)
- All other income receipts: _____

OTHER INFORMATION

Tell us about yourself. What are your future plans and goals? Is there something you would like to add that we have not covered? Do you have any questions or concerns that have not yet been answered?
(Please use the back of this page if you do not have enough room)

I declare that all of the information in this application form is correct and hereby authorize Adsum for Women & Children to verify any or all of the information contained herein.

I also understand that this housing is for single women only. No live-in partners.

Signed: _____

Dated: _____

Please return completed application by email to adsum@adsumforwomen.org, or by fax to 902-423-9336, or mail/drop off application to 2421 Brunswick Street, Halifax NS, B3K 2Z4.