

Hamilton's Housing First Rent Support Program

HF Participant Information Form

Home Housing First Agency:

Participant Name (First, Last):

Current Address and Contact Information:

Unit Address (Street Name, #)	Suffix	Unit #	Postal Code
Participant e-mail address:	Participant Telephone #:	Date of Birth: (mm/dd/year)	
Landlord Name:			
Landlord e-mail Address:	Landlord Contact #:		

Participant Rent & Income Information:

Primary Source of Income:					Current Monthly Income: (\$)
OW	ODSP	OAS	CPP	OTHER	
Current Rent: (\$)	Is Rate at/or Below ave. Market Rent?		Is Income at/or Below HILS?		
	Yes	No	Yes	No	

Other Information:

Name of Housing First Case Manager:

Case Manager Contact Information

Ph #:

Email:

Completed by:

Date Signed (dd/mm/year)

Is Participant Eligible?

Authorization by:

Date Signed (dd/mm/year)

Yes No