

Hamilton's Housing First Rent Support Program

Unit Information Form

Home Housing First Agency:

Participant Name (First, Last):

Unit Information:							
Unit Address (#, Street Name)		Suffix		Unit #		Postal Code	
Date Inspected (dd/mm/year)		This Unit is Most Appropriate For Participant's from which HF Programs (select all that may apply)					
		T2H	SOS	HFY	HB	Notes:	
Landlord		Contact Name (owner/managing agent)				Telephone Number	
Contact e-mail address				Fax Number			
Unit Size:	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5+ bedroom	Current Rent: (\$)	
Utilities included:	Electricity	Gas	Water	Cable	Internet	Is Rate at/or Below ave. Market Rent?	
						Yes	No
Unit Eligibility:							
<u>Occupancy Standards</u>		<u>Satisfactory</u>		(Satisfactory criteria = no visible safety or other concerns)			
		Yes	No	Comments:			
Over/under housed							
Self Contained Unit							
Void of Infestation							
<u>Fire Safety</u>		Yes	No	N/A			
Smoke Alarms							
Carbon Monoxide Detectors							
<u>Heating/Electricity</u>		Yes	No	N/A	Comments:		
Furnace/ Baseboard Electric							
Electrical (outlets, lighting)							
<u>Plumbing</u>		Yes	No	N/A	Comments:		
Hot Water Supply (tank/heater)							
Water Source & Drainage							
Unit Assessment Completed by*:				Date Signed (dd/mm/year)		<u>Unit Eligible</u>	
Unit Eligibility Authorization by*:				Date Signed (dd/mm/year)		Yes	No

* = assessment & eligibility completed to the best of the assessor's knowledge, at the point in time as dated

Updated: June 1, 2017