

BRUCE HOUSE

251 Bank Street Suite 402, Ottawa On, K2P 1X3 (613) 729-0911

Application Form

Date and Source of Referral:	
First Name:	Last Name:
Date of birth:	Gender:
Telephone:	May we leave a message?
Address:	May we send mail?
Email:	May we send emails?
Language:	Translation Required?
Emergency Contact Information	
Name:	Telephone:
Relationship:	Are they aware of your HIV status?
Additional Information	
Are you living with HIV?	Are you living in Ottawa?
What is your source of income?	Do you require immigration and settlement support?
Are you living with any other health issues? (mental and physical)	What is your current housing situation?

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Social Supports

Do you have social support?

Do you have any dependents? (partner, children, parents etc.)

Are you interested in receiving our monthly newsletter?

If yes, would you like it by email or mail?

Are you interested in receiving invites to Bruce House social events?
(dinner socials, community kitchen, art workshops etc.)

Are there any other issues you would like support with?

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Supported Independent Living Program (Apartment Program)		
What type of housing are you requesting? (choose the option best suited to you)		
Bachelor Apartment	1 Bedroom Apartment	
2 Bedroom Apartment	3 Bedroom Unit	
Are you the custodial parent of child(ren) under 18? If yes, please list their name(s) and date(s) of birth:		
Do you have a partner, or someone else that will be living with you, if you are offered housing with Bruce House?		
Do you or any members of your household have special housing needs due to serious health issues or disabilities?		
Have you ever been a tenant of a social housing provider?	If yes, list the name of the housing provider	
Have you ever been evicted from a social housing provider?	If yes, list the name of the housing provider	
Additional comments:		
Name	Signature	Date