



London
CANADA

**HOUSING ACCESS CENTRE
379 DUNDAS ST. SUITE 116
LONDON, ON N6B 1V5**

Telephone: (519) 661-0861

Fax: (519) 661-4466

INDEPENDENT LIVING ASSESSMENT

Applicant's name (please print): _____

Address: _____

The above named applicant has applied for rent-geared-to-income assistance. In order to be eligible, the applicant must be able to live independently in a housing unit with or without support services. If support services are required they must be arranged for by the applicant prior to housing.

The information provided is collected by the City of London Housing Access Centre on behalf of Housing Providers in the City of London and the County of Middlesex, pursuant to the Social Housing Reform Act (2000), O. Reg. 298/01, Section 7(1a), (2).

An applicant who can cope in an independent living situation must be able to meet the following requirements:

1. Able to manage the activities of daily living such as:
mobility budgeting housekeeping cooking personal hygiene
2. Able to assume the responsibility of a tenant/member under the Tenant Protection Act and/or The Co-operative Corporations Act, which includes paying rent/member charge and maintaining the unit in a good state of repair.
3. Be in receipt of any needed support services, such as:
 - Case management
 - Life skills training
 - Social or vocational/rehabilitation services
 - Treatment program, such as assessment and counseling

Please complete the following:

- a. Is there a substitute decision maker in place for financial affairs? Yes ____ No ____
Contact name and phone number _____
- b. Do you have the ability to read and/or write? Yes ____ No ____

THIS REPORT WILL REMAIN CONFIDENTIAL

RELEASE BY APPLICANT:

I hereby authorize the release of any required information to the Housing Access Centre. I fully understand that the information being provided will be used in the evaluation of my application for rent-geared-to-income housing. I hereby authorize the Housing Access Centre to retain the information provided on file and provide a copy to the Housing Provider if requested.

Witness

Applicant Signature

Date