**New Beginnings’ Supportive Sober Living Student Housing Application**

**2023 Summer**

**Date of Application (Date/Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Applications for current residents are for their current units only, at the same rental fee and payment plan agreement as the 2022/23 rental agreement.**

**Term**: The term of this agreement is for the period of Sunday, April 30, 2023, to Friday, August 25, 2023, in alignment with a standard summer academic term.

Note/Exceptional circumstances only: If alternate terms of agreement are agreed upon, indicate here:

The term of this agreement is for the period of (day, month, date, year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_to (day, month, date, year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Applicant Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Monthly Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Information**

Name of Educational Institution attending:

Address of School:

Name of Program:

Are you attending summer courses? (YES/NO)

**Applicant status**

Are you currently employed/planning to work during the summer?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Needs and Supports**

Would you like support during the summer months with any of the following?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Addiction Counselling |  |  |
| Newcomer Supports |  |  |
| Self-Care |  |  |
| Developing healthy relationships |  |  |
| Cultural support and connection |  |  |
| Meeting new people/Pro-Social Skills |  |  |
| Life Skills/Independent Living Skills |  |  |
| Nutrition and diet information/Food Insecurity |  |  |
| Financial Literacy |  |  |
| Tutoring/Academic Support |  |  |
| Physical Health and education |  |  |
| Employment or Volunteer Opportunities |  |  |
| Mental Health Support/Counselling |  |  |
| Getting to appointments |  |  |

**Additional Information that may be helpful for us to know:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

Pursuant to the Provincial/Municipal Freedom of Information and Protection Privacy Act, I give my consent and authorization to New Beginnings to make inquiries to verify the information given on this application and I authorize any person, corporation, or any social agency having knowledge of any such required information to release the information to New Beginnings. I agree to provide any supporting material required for my application.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit your application in one of the following ways:**

**In-person**: 1015 Highland Avenue, Windsor, Ontario, N9A 1R6

**Email**: [syannacopoulos@newbe.ca](mailto:syannacopoulos@newbe.ca)

**Fax**:  519-971-9002 (Attention: Stacey Yannacopoulos)

|  |  |  |
| --- | --- | --- |
| **For internal purposes only** | | |
|  | **Date** | **Initial** |
| **Application submitted** |  |  |
| **Application reviewed** |  |  |
| **Application accepted** |  |  |