

PATHS Vacancy Matching Form

Household Name: _____

Agency & Worker Completing Form: _____

Worker e-mail: _____ Date completed: _____

1. Read each question and check the options(s) that the household considers ideal and the ones that, although may not be ideal, they would find acceptable.

Question	Check Those You Are Able and Willing to Accept	
a. What communities are you interested in living in?	<input type="checkbox"/> Cambridge <input type="checkbox"/> Kitchener <input type="checkbox"/> Waterloo	<input type="checkbox"/> Townships - list: <input type="checkbox"/> Other – list:
b. What types of housing are you interested in ¹ ?	<input type="checkbox"/> Own Apartment <input type="checkbox"/> Sharing an apartment, but with my own bedroom <input type="checkbox"/> My own bedroom in a home <input type="checkbox"/> Sharing a bedroom in a home <input type="checkbox"/> Other – list:	

2. Is the household on any other waiting lists for housing or support? If yes, which ones?

- Community Housing
- Thresholds Mental Health Supportive Housing
- Addictions Supportive Housing
- Mental Health or Addictions Support Coordination
- Other, list:

3. What types of housing support, if any, is the household NOT interested in? (E.g. specialized support with mental health or substance use). Please list:

¹ This captures both market rent and supportive housing types
 2744876 – last updated August 2018

4. Check below that you have discussed and the household understands that the following are the minimum expectations to participate in the programs listed on page 1 and agrees that they want to be considered for these programs:

- Payment of rent on time and in full each month
- Not disturbing others in the building or the community
- Taking care of their unit (including not damaging unit)
- Meeting with a worker in their home each week

By signing this form I consent to share the information on this form between agencies in the housing stability system, as per the **Housing Stability System Common Consent to Release Information Form** in order to be considered for housing support:

Signature

Date of Birth dd/mm/yyyy

Date Completed and Signed

Send a copy of the completed form to: paths@regionofwaterloo.ca or Fax: 519-893-8447