RENEW
NON-PROFIT HOUSING CORPORATION

Newcomer Settlement Assistance Program

PARTICIPANT APPLICATION

A short, supported application: Complete this with your referring worker or a RENEW representative. Ask for an interpreter, accessible format or other support at any time. This program provides time-limited accommodation as part of your settlement services. A referral, application or viewing does not guarantee placement.

ABOUT YOU AND YOUR HOUSEHOLD

Legal name:

Preferred name:

Phone:

Email:

Preferred language:

Best way to contact you:

People who would live with you (name, relationship and age if under 18):

Total adults: _____ Total children: _____ Total occupants: _____ Bedrooms needed: _____

YOUR REFERRING PARTNER

Approved settlement organization:

Referring worker:

Worker phone / email:

Settlement program or service:

YOUR ACCOMMODATION NEEDS

Where are you staying now?:

Date accommodation is needed:

Language, disability, cultural or other support that would help communication or make a home suitable (optional; no diagnosis is needed):

Monthly accommodation fee ☐ I can pay the fee shown on the unit sheet ☐ I need to discuss payment support

CONFIRMATIONS | Please ask questions before signing

- ☐ I am a newcomer to Canada referred by an approved organization that provides my settlement services. I am actively taking part and will continue while accommodated by RENEW. If my participation ends, my accommodation also ends through the process in my agreement.
- ☐ I need temporary accommodation and understand the usual program term is 12 to 18 months; my agreement will show the exact dates.
- ☐ I can live safely and respectfully in the available home, including sharing common spaces when applicable.
- ☐ I will pay the monthly accommodation fee, provide required documents, follow the occupancy agreement and program rules, and move out by the agreed end date unless RENEW approves an extension in writing.

Consent and declaration: I confirm that the information I provided is true to the best of my knowledge. I allow RENEW to contact my referring worker and any payment or support contact I name only to verify what is needed for this application, arrange suitable accommodation and administer the program. RENEW will protect and use my information only for these purposes and related legal or program requirements.

Primary applicant signature & date:

Other adult applicant signature & date (if applicable):