

Housing Preference Availability Form

City or Town	Housing Provider Name and Address	Number of Bedrooms	Unit Number

I acknowledge having reviewed the above units via online or through the County of Simcoe Special Needs Audit Accessibility Reports by Building binder and that the above noted units meet my individual needs for housing accommodation and I therefore wish to be added to the Centralized Wait list for the above noted units only.

(Initials)

I acknowledge and understand that I will not be placed on the wait list for every unit within all building(s) indicated as the other units may not accommodate my needs. I acknowledge and understand that I must update my application as my needs change and should I wish to be added to the wait list for every eligible unit with the listed building(s) that I must update my Social Housing Application in the regard.

(Initials)

I acknowledge having retained a copy of this Housing Preference Availability Form prior to submission to the County of Simcoe.

(Initials)

X _____
Signature of Applicant

Date