

Preliminary Application for inclusion in Safe Housing Ottawa Waiting List

Please provide the following information for inclusion in the Safe Housing Ottawa waiting list.

Date: _____

Name: _____

Address: _____

City: _____ Prov. _____

Postal Code: _____

Country: _____

Telephone: () _____ - _____

Email: _____

One-bedroom Unit

Two-bedroom Unit

Price range (rental): _____

Are you interested in purchasing? Yes No

Are you in temporary/unsafe accommodations? Yes No

Very briefly, outline other requirements

Please fax to: 1-866-887-1770 or

Or email: office@ehaontario.ca

Or mail to:

EHA Ontario
Box 33023
Ottawa, ON K2C 3Y9