**Application for Athlete Housing Legacy Initiative**

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| **Applicant Responsibility**1. **Keep in touch with Canadian Sport Institute Ontario at least once a year.**
2. **Keep your file up to date**
 | **Office Use Only:****Athlete Application Number** |
| **Section 1 – Main Applicant Information** |
| Last Name: | First Name: |
| Apt. #: | Street Address: | City: | Province: | Postal Code: |
| Home phone: | Work Phone: | Mobile Phone: | Email: | Website:*(if applicable)* |
| Mailing Address:*(if different from above)* |
| Sport Canada Carding Level: | Preferred Language of Correspondence:* French
* English
 |
| Marital Status: | Any Children:* Yes
* No
 |
| **Section 2 – Secondary Contact Information** |
| Contact Last Name: | Contact First Name: | Relationship of Contact: |
| Apt. #: | Street Address: | City: |
| Home phone: | Work Phone: | Mobile Phone: |
| **Section 3 – National Sport Organization Contact Information** |
| Organization name: | Main Contact Name: | Main Contact Phone: |
| Main Contact Email: | Permission to discuss your information:* Yes
* No
 |
| **Section 4 – Household Information***(please complete if requesting two or three bedroom housing)* |
| List the name of each person who will be living with you. **Only the people you list as members of this household can live with you in subsidized housing.**  |  |  |  |
| Last Name: | First Name: | Relationship to you: | Date of Birth: |
| Last Name: | First Name: | Relationship to you: | Date of Birth: |
| Last Name: | First Name: | Relationship to you: | Date of Birth: |
| Bedrooms required: * Room
* 1 Bedroom
* 2 Bedroom
* 3 Bedroom
 |
| **Section 5 – Accessible Housing Needs** |
| Do you need a wheelchair-accessible building?* Yes
* No
 | Do you need a wheelchair-modified unit?* Yes
* No
 |

**Declaration**

I/we give our word that everything in this application is correct and complete. If something is incorrect or not true, I/we understand that the Canadian Olympic and Paralympic Sport Institute Network (COPSIN) may cancel our application.

I/we understand that only the people I/we have identified as members of this household may live with me/us in subsidized housing. While I/we am/are on the waiting list, I/we must tell Housing Connections about any changes to my/our housing needs.

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

 (mm/dd/yyyy) Applicant’s Signature

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

 (mm/dd/yyyy) Spouse’s/Co-Applicant’s signature