**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