

Households Exiting Supportive Housing Priority (HESH) Application

Primary Applicant Information

First Name	Last Name
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your Single Name.	
Single Name	
Primary Applicant Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Telephone Number	Email
<p>Applying for the Households Exiting Supportive Housing (HESH) priority means you can live independently and have the skills to maintain your tenancy.</p> <p>Completing this application confirms your interest in receiving a priority designation on the Centralized Waiting List (CWL). You will be able to express interest in available units through MyAccesstoHousingTO.</p> <p>If you are given a HESH priority and move out of your current unit, any supports you may require on an ongoing basis will be your responsibility to transition and/or arrange and manage in your new unit.</p>	
<input type="checkbox"/> This application to move out of my current supportive housing unit is aligned with my case plan. <input type="checkbox"/> I will make arrangements to continue any supports currently identified as required (if any) and/or there is a plan to access support that may be required (if any) upon move out. List any supports that will continue or be arranged, as part of your case plan:	
Primary Applicant Signature	Date (yyyy-mm-dd)

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Housing Provider (Office Use Only)

A tenant has indicated that they are interested in moving from their current unit to a new unit through MyAccessToHousingTO with no required supports.

To the best of your knowledge, please check all that apply:

- This application to move out of supportive housing is aligned with the tenant's case plan
- Arrangements have been made to continue any supports currently identified as required (if any) by the tenant and/or there is a plan to refer the tenant to support that may be required (if any) upon move out.

Housing Provider Name	Housing Provider Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)
Staff Name (First Name, Last Name)	Applicant Original Move-In Date (yyyy-mm-dd)
Staff Position Title	Date Completed (yyyy-mm-dd)
Staff Signature	

Housing Secretariat collects personal information on this form under the legal authority of the Housing Services Act, 2011, sections 13, 44(2) and 48; and Toronto City Council Item 2022.PH35.20, as confirmed by the City of Toronto By-law 792-2022. The information is used to determine priority eligibility and administer your application for the Rent Geared-To-Income housing waiting list. Questions about this collection can be directed to the Support Assistant, 55 John Street, 6th Floor, Toronto, Ontario, M5V 3C6 or by telephone at 416-338-8342.