



INDEPENDENT LIVING ASSESSMENT FORM

Tenant Name: _____ Address: _____ Unit #: _____

The purpose of the independent Living Assessment form is to identify the level of assistance you require to:

- **CARRY OUT ESSENTIAL DAILY ACTIVITIES**
- **MEET THE OBLIGATIONS OF YOUR TENANCY**

Please indicate with a checkmark (✓) if you require support in the following areas of daily living:

| DAILY ACTIVITIES | INDEPENDENTLY | WITH ASSISTANCE |
|---------------------------------------|---------------|-----------------|
| Personal Hygiene | | |
| Preparing meals | | |
| Taking medication | | |
| Doing laundry | | |
| Shopping, errands | | |
| Using public / private transportation | | |

| TENANT OBLIGATIONS | INDEPENDENTLY | WITH ASSISTANCE |
|--|---------------|-----------------|
| Comprehending tenant obligations as specified in lease | | |
| Maintaining cleanliness of the unit | | |
| Operating appliances safely | | |
| Making monthly rental payments on a timely basis | | |
| Maintaining reasonable quiet within the unit | | |

Please elaborate on those areas requiring assistance by indicating:

- name, address and phone number of Support Service Agency / Caregiver
- Period of time the service will be provided

Yes No

Do you utilize any special structures/assisting devices in order to live or function independently (i.e. grab bars, walker, hearing aid) ?

If yes, please indicate devices:

- hearing aid seeing-eye dog
- cane/walker wheelchair/scooter
- strobe lights oxygen

Do you have any medical condition which could impact on your housing and of which our superintendent and office staff should be aware?

If yes, please indicate condition:

Does someone have power of attorney on your behalf?

If yes, please indicate name and number.

Copy of Power of Attorney attached?

DECLARATION AND CONSENT

I make the following Representation and Warranties knowing that they will be relied upon by Durham Region Non-Profit Housing Corporation to assess my qualifications for rental accommodation:

- I have read over the Independent Living Assessment form and fully understand the information requested on the form.
- The information given is accurate and complete

I consent to the Durham Region Non-Profit Housing Corporation collecting such information about me as may be necessary for the Durham Region Non-Profit Housing Corporation to complete or verify the information contained on the Independent Living Assessment form. The sources the Durham Region Non-Profit Housing Corporation may use the support service agencies/caregivers which I have listed on the Independent Living Assessment form and I hereby authorize these support service agencies/caregivers to disclose the information the Durham Region Non-Profit Housing Corporation requires.

Durham Region Non-Profit Housing Corporation fully discloses that we provide housing but do NOT provide supportive services.

Signature of Applicant _____ Date _____

Witness _____ Date _____