PATHS Vacancy Matching Form

Household Name: ___________________________________________

Agency & Worker Completing Form: ___________________________________________

Worker e-mail: ___________________________ Date completed: ___________________________

1. Read each question and check the options(s) that the household considers ideal and the ones that, although may not be ideal, they would find acceptable.

<table>
<thead>
<tr>
<th>Question</th>
<th>Check Those You Are Able and Willing to Accept</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What communities are you interested in living in?</td>
<td>☐ Cambridge</td>
</tr>
<tr>
<td></td>
<td>☐ Kitchener</td>
</tr>
<tr>
<td></td>
<td>☐ Waterloo</td>
</tr>
<tr>
<td>b. What types of housing are you interested in?</td>
<td>☐ Own Apartment</td>
</tr>
<tr>
<td></td>
<td>☐ Sharing an apartment, but with my own bedroom</td>
</tr>
<tr>
<td></td>
<td>☐ My own bedroom in a home</td>
</tr>
<tr>
<td></td>
<td>☐ Sharing a bedroom in a home</td>
</tr>
<tr>
<td></td>
<td>☐ Other – list:</td>
</tr>
</tbody>
</table>

2. Is the household on any other waiting lists for housing or support? If yes, which ones?

☐ Community Housing

☐ Thresholds Mental Health Supportive Housing

☐ Addictions Supportive Housing

☐ Mental Health or Addictions Support Coordination

☐ Other, list:

3. What types of housing support, if any, is the household NOT interested in? (E.g. specialized support with mental health or substance use). Please list:

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1 This captures both market rent and supportive housing types

2744876 – last updated August 2018
4. Check below that you have discussed and the household understands that the following are the minimum expectations to participate in the programs listed on page 1 and agrees that they want to be considered for these programs:

☐ Payment of rent on time and in full each month

☐ Not disturbing others in the building or the community

☐ Taking care of their unit (including not damaging unit)

☐ Meeting with a worker in their home each week

By signing this form I consent to share the information on this form between agencies in the housing stability system, as per the **Housing Stability System Common Consent to Release Information Form** in order to be considered for housing support:

____________________    _____________________   _________________________
Signature                   Date of Birth dd/mm/yyyy      Date Completed and Signed

Send a copy of the completed form to: paths@regionofwaterloo.ca or Fax: 519-893-8447