



**Expression of Interest
Supportive Housing for Seaton House Resident Relocation by 2019**

Section 1 Owner Identification

Owner Name(s): _____

Contact Phone Number: _____

Email address: _____

Section 2 (a) Building Details

Do you own a property not currently under contract with Habitat Services that you would consider making available for this initiative? yes no

If yes, please provide the building/house address:

How many units/rooms does your existing house/building have? _____

Are the rooms/units: all singles mixed doubles and singles

How many single rooms/units can you provide at this site? _____

Are there en suite bathrooms in the rooms/units? Yes No

If No, how many bathrooms are located in the house/building? _____

What is the current state of tenancy: vacant fully tenanted some tenants

When would you expect the building to be available for occupancy? _____

Section 2 (b) Purchasing

If you don't currently own a property, are you looking at purchasing a property that could be used for this initiative? Yes No

If Yes, please describe your interest:

**Please return to Habitat Services by Fax # 416-537-2894 or Hard Copy by October 31, 2017
Attn: Chris Persaud**



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Section 3 Operational Details

Would you plan to operate the home yourself? Yes No

If No, do you have a partnership arrangement with another agency/manager which would operate the building? Yes No

If Yes, please describe the potential or existing partnership:

If No, would you be interested in exploring potential management/support services partnerships?

Yes No

Can you or a partner offer any enhanced or specialized amenities or services to men relocating from Seaton House?

Yes No

If Yes, please describe:

Section 4 Additional Information

Other Information or Comments:

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