Community and Health Services Department

Housing Services Branch

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| **HOUSING PROVIDER:** |  | **COMPLETED BY:** |  | **DATE:** |  |

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| Applicant | SPP  Y/N | Client # | Date Unit was Offered | Date Applicant Accepted Offer | Date of Move-in | Size of Unit | Unit # and Address | HAU USE ONLY |
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**Please email or fax this form to the Housing Access Unit within seven business days of an applicant accepting an offer.**Please email form to **kirsten.lam@york.ca** or fax to the Housing Access Unit at **905-830-5023**. Additional comments can be attached.