

Affordable Housing Application

(The shaded areas are reserved for the organization's use)

IDENTIFICATION OF THE APPLICANT (Sec. 11 and 16)

Applicant's last and first name	Area code ()	Telephone no. -
Last and first name of person to contact if applicant cannot be reached	Area code ()	Telephone no. -
Current address and addresses for all dwellings you lived in over the last 24 months in Quebec preceding your application.		
Address	Postal code	Time lived there (years/months) /
Previous address	Postal code	Time lived there (years/months) /
Previous address	Postal code	Time lived there (years/months) /
1- Are you a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2- Have you or a member of your household ever:		
- Been evicted from an affordable housing dwelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Left an affordable housing dwelling without notifying the landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Owed money to an affordable housing landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INFORMATION ON INDEPENDENCE (Sec. 11 and 14)

1. Are you and the members of your household independent (i.e. able to take care of their essential needs, in particular those needs related to personal care and ordinary household tasks without assistance)? If not, please complete and sign the appendix "Questionnaire on Independence".	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you or a member of your household independent with outside assistance ? If yes, please complete and sign the "Independence Questionnaire" appendix enclosed with this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you or a member of your household have a disability resulting in housing accessibility difficulties (wheelchair, walker, etc.)? If yes, complete and sign the "Independence Questionnaire".	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you or a member of your household have a disability that requires having to live with a loved one? If so, please complete and sign the "Independence Questionnaire".	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHOICE OF SECTOR (Sec. 11.9)

If applicable to your application, please choose from the list provided by the organization.

Sector numbers or names: All sectors

HOUSEHOLD COMPOSITION (Sec. 11)

Total number of household members		Telephone number of head of household		Area code ()		Telephone no. -			
Occupant	Last and first names of the applicant and all members of the household, including the name of the caregiver* if applicable	Date of Birth (year/month/day)	Age	Gender	Relationship with the applicant or spouse	% of custody time**	Social Insurance Number	Disabled (yes/no)	Full-time student (yes/no)
A		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		
B		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		
C		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		
D		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		
E		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		
F		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -		

*Caregiver: Please complete the table above. If applicable, enter "caregiver" in the "relationship" column.

In shared custody cases, please indicate the **time of custody percentage for each child.

INCOME (for the calendar year preceding the application date) (Sec. 27)

Indicate the annual income for each member of your household, including the caregiver's income if applicable. Please include the supporting documentation.	Year					
	A	B	C	D	E	F
Work income						
Employment insurance						
Emploi-Québec (training)*						
Social assistance**						

* The additional amounts paid by Emploi-Québec as part of the application of Emploi-Québec active measures funded by the Fonds de développement du marché du travail (Sec. 2.11) and the employment assistance allocations paid in the course of a calendar year to a person participating in Emploi-Québec active measures are excluded from the income calculation up to \$1,560 per person (Sec. 2.13 of the *By-law respecting the conditions for the leasing of dwellings in low-rental housing*).

** Adjustments to social assistance benefits paid under sections 74 to 78 of the *Individual and Family Assistance Regulation* for any adult dependent child, in accordance with Sec. 204 of this Regulation, who is enrolled in a school (Sec. 2.7 of the *By-law respecting the conditions for the leasing of dwellings in low-rental housing*) are excluded from income calculation.

Old Age Pension						
Régie des rentes						
Other pensions						
Interest and investments						
CSST						
SAAQ						
Alimony received						
Other income (specify)						
Partial individual total:						

PARTIAL TOTAL OF THE HOUSEHOLD INCOME

HOUSEHOLD PROPERTY (Sec. 11 and 16 if the landlord has adopted a by-law to that effect)

Indicate the market value of the property **currently** in your possession as well as the property owned by your household:

1- LIQUID ASSETS + \$ (including capital and various investments)

2- IMMOVABLE PROPERTY+ \$ (property)

3- OTHER ASSETS + \$ (excluding furnishings)

TOTAL VALUE OF PROPERTY OWNED = \$
(Add the amounts from 1 to 3)

The assets listed below are not taken into consideration when establishing the total value of your assets and those of your household:

- All furnishings and items for domestic use;
- Books, instruments and tools needed for a job, trade or art;
- The value of pension credits that have been accumulated as part of a pension plan other than the plan implemented by the *Act respecting the Quebec Pension Plan* (RSQ, c. R-9) or an equivalent plan under this act as well as the amounts accumulated with interest as a result of the beneficiary's participation in another retirement savings plan which under this plan, the savings instrument or the act cannot be returned to the participant before the age of retirement;
- The property owned by a dependent child if it is being managed by a guardian, an estate liquidator or trustee before the account reporting is completed;
- Property acquired by the dependent child through his/her personal work;
- The equipment adapted to the needs of an adult or dependent child who has functional limitations, including a vehicle adapted for transportation that is not used for commercial purposes;
- The value of a pre-arranged funeral services contract and a pre-purchased burial contract while these contracts are in effect;
- The amounts accumulated in a registered disability savings plan, including amounts paid in the form of Canada Disability Savings Bonds or Canada Disability Savings Grants, for a single adult or a member of the family which cannot be accessed in the short term, in accordance with the rules applicable to this plan.

APPLICANT'S COMMENTS

STATISTICAL INFORMATION ON THE APPLICANT (OPTIONAL QUESTIONS)

The purpose of this section is to enable the Société d'habitation du Québec to conduct the necessary analyses, studies and searches in order to plan its activities as well as improve its programs and services. All answers to these questions will remain strictly confidential and will never be matched to any nominative information that would make it possible to identify individuals or households.

What language do you use at home? If there is more than one, specify. French English Other

What language do you use outside the home? If there is more than one, specify. French English Other

Were you born in Canada? Yes No

If you answered not to this question, please answer the following questions:

In what country were you born?

In what region were you born?

In what year did you obtain the right to be a Canadian resident?

In what immigration category did you fall under when you arrived in the country?

When you came to this country, did you have a sponsor or guarantor? Yes No

If so, when does your sponsor or guarantor's commitment end? jour / mois / an

Are you a Canadian citizen? Yes No

PROTECTION OF PERSONAL INFORMATION

The information gathered by the Société d'habitation du Québec or by its partners is necessary to apply the *Act respecting the Société d'habitation du Québec*, the associated regulations and the programs it has adopted under them. This information will be processed in a confidential manner. The Société d'habitation du Québec will only allow its authorized personnel or its partners to have access to this information, and with some exceptions certain departments or organizations, in accordance with the *Act respecting access to documents held by public bodies and the protection of personal information*. This information may also be used for statistical, study or survey purposes. You have the right to access your personal information and have it rectified. For more information, please contact the person responsible for the protection of personal information at the Société d'habitation du Québec.

DECLARATION

I declare that all the information provided in this appendix is accurate and complete. I understand that any erroneous information could result in one of the following consequences: removal from the eligibility list, refusal of affordable housing, change in rental conditions or eviction from the dwelling.

I hereby give consent for all personal information gathered by the Société d'habitation du Québec in this appendix and that is needed to study this request be sent to partners of the Société d'habitation du Québec who will process the file.

Applicant's signature _____ Date _____ Signature of the person responsible for the organization _____ Date _____