

Habitat Morin-Heights, Morin-Heights

Housing Application Form

Identification of the Tenant(s):

Name:		First Name:					
Date of birth:	Age:	Health insurance number:					
Email:							
Name:		First Name:					
Date of birth:	Age:	Health insurance number:					
Email:							
Current Residency Inform	ation:						
Address of your residence (Street and housing number):							
City:		Postal Code :					
How long have you been living at this address?							
Phone Numbers:		Other Phone Numbers:					





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Person's status	S:			
Currently you are:	□ Landlord	□ Tenan	nt	
•	•		r home before moving into your r	iew
home?	☐ Yes	\square No		
Emergency contact	·•			
Emergency contact	L•			
Phone Number:			Link:	
		_		
Eligibility Criteri	a for Projects wi	th Services:		
Please check the i My spouse or I or		y to your current situ	ation.	
☐ we are aged 75 supervision, meal pr	•	oss of autonomy (require	s services such as	
☐ Have disabilitie meals, doing laundr		h domestic activities (bu	ying food, preparing	
☐ We experience constant need for su	<u> </u>	ity that hinders our well-	-being (isolation, fear,	
☐ We have difficu	lty getting around ((e.g., using a wheelchair)).	
☐ Are interested i	n some self-help ac	ctivities. Specify:		
☐ We are current	y receiving home ca	are. Specify:		





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Availab	ility of the person interes	ted ii	n occ	cupyin	ig the ac	commo	dation:	
When wou	ld you be ready to occupy the prop	perty:		Immedia	ately			
				Starting	g at:		_	
Moving	period:							
	□ Weekdays	□ Weekends						
Other ir	nformation:							
Do you	ı own a car?	Yes		No				
Do you	ı use a scooter?	Yes		No				
Do you	ı use a portable air conditioner?	Yes		No				
Signature:		D	ate: _					
	* Is your gross hou	sehold i	incom	e \$35,00	o/year or les	ss?		
	□ Yes □ No							
	If yes, please complete the Application for Low-Rent Housing form. Also, don't forget to complete the autonomy questionnaire							
	and provide yo	ur notic	ce of as	sessmen	t for 2023.			
				. 3.5		C': 11 II		
	You can submit this docu		-		· ·	•		
	By email at the followi		_					
	By mail: Groupe Log					. 211		
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