



Low-Rental Housing Coop Application

PSBL-P – Programme sans but lucratif privé

Please return the form duly filled to : **CENTRAL-LOGEMENT-COOP**
 7000, avenue du Parc, bureau 206, Montreal, Quebec, H3N 1X1
 For information: 514-843-6929, ext. 226 – clc@fechimm.coop

| IDENTIFICATION OF APPLICANT (Art. 11 et 16) | | |
|--|--|----------------------------|
| Applicant's name and given name | Reg. code () | Telephone No. - |
| Surname and given name of the person to be contacted if the applicant is absent | Reg. code () | Telephone No. - |
| Current address and address of all the places in which you have resided in the Province of Québec in the 24 months preceding your application. | | |
| Address | Postal Code | Duration (year/month) / |
| Previous Address | Postal Code | Duration (year/month) / |
| Previous Address | Postal Code | Duration (year/month) / |
| 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: - previously been evicted from a low-rental housing unit? <input type="checkbox"/> Yes <input type="checkbox"/> No - previously abandoned a low-rental housing unit without notifying the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No - an outstanding debt owing to a low-rental housing landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| INFORMATION ON YOUR LEVEL OF AUTONOMY (Art. 11 et 14) | | |
| 1. Are you independent (i.e. able to meet your own essential needs, especially those relating to personal care and ordinary household tasks, without help)? | <input type="checkbox"/> YES <input type="checkbox"/> No | |
| 2. Are you independent, but with outside assistance ? If so, please complete and sign the "Independence Questionnaire" attached to this application. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Does any member of your household have a physical handicap that would make it difficult for him or her to access the dwelling (wheelchair, walking frame, etc.)? If so, please complete the "Independence Questionnaire". | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Does any member of your household have diminishing independence or a physical handicap that requires him or her to live with a <u>caregiver</u> ? If so, please complete the "Independence Questionnaire". | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CHOICE OF SECTOR (Art. 11.9) | | |
| Where applicable, please enter your choice of sector from those shown on the list provided by the agency. | | |
| Sector numbers or names: _____ | | |
| All sectors : <input type="checkbox"/> | | |

Low-Rental Housing Coop Application (continued)

HOUSEHOLD COMPOSITION (s. 11)

| Total number of people in the household | | Household head's telephone number | | | | Reg. code () | Telephone No - | | |
|---|--|-----------------------------------|-----|---|-------------------------------------|------------------|-------------------------|-------------------------|-------------------------------|
| Occupant | Surname and given name of the applicant and of all household members, including the name of the caregiver where applicable | Date of birth (year/month/day) | Age | Gender | Relationship to applicant or spouse | % of custody** | Social insurance number | Handicapped (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 below. Where applicable, enter "caregiver" in the "Relationship" column.

**For joint custody, please enter the percentage of custody time for each child. ☐

PROPERTY OWNED BY THE HOUSEHOLD (ss. 11 and 16 if the landlord has adopted a rule to this effect)

Indicate the market value of property that currently belongs to you or your household:

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

2- IMMOVABLE PROPOERTY + _____ \$
(real estate)

3- OTHER PROPERTY + _____ \$
(excluding furniture)

**TOTAL VALUE
DES BIENS POSSÉDÉS** = _____ \$
(Add 1, 2 and 3)

The property listed below is not considered when calculating the total value of the property belonging to you and your household:

- all furniture and household effects;

- the books, instruments and tools required for the purposes of employment or to practice a trade or an art;

- the value of pension credits accumulated as a result of membership in a pension plan other than the plan established by the Act respecting the Québec Pension Plan (R.S.Q., c. R-9) or an equivalent plan within the meaning of the said Act, or amounts accumulated, with interest, as a result of the beneficiary's participation in another retirement savings instrument which, pursuant to the plan, savings instrument or law, cannot be returned to the participant before he or she reaches the age of retirement;

- property owned by a dependent child, provided it is managed by a tutor, testamentary liquidator or trustee, before the report is submitted;

- property that a dependent child has acquired through his or her personal effort;
- equipment adapted to the needs of an adult or dependent child with functional limitations, including an adapted vehicle that is used for transportation but not for commercial purposes;

- the value of a prearranged funeral services contract or prearranged burial plan, where such contracts are in force;

- amounts accumulated in a registered disability savings plan, including those paid in the form of Canada disability savings bonds or Canadian disability savings grants, for the benefit of the adult alone or of a member of the family, which the person in question cannot access in the short term, according to the rules governing the plan.

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APPLICANT'S COMMENTS

STATISTICAL INFORMATION ON THE APPLICANT (OPTIONAL QUESTIONS)

The purpose of this section is to allow the Société d'habitation du Québec to carry out the analyses, studies and research required to plan its activities and improve its programs and services. All responses to these questions will remain strictly confidential and will not be combined with any nominative information that would allow the individual or household to be identified.

What language do you use at home? If more than one, please specify.

French English Other

What language do you use outside the home? If more than one, please specify.

French English Other

Were you born in Canada? Yes No

If you answered NO to this question, please answer the following questions:

In which country were you born? _____

In which region were you born? _____

In which year did you obtain the right to reside in Canada? _____

In which immigration category were you when you first arrived in Canada? _____

When you arrived in Canada, did you have a sponsor or guarantor? Yes No

If yes, when did the undertaking made by your sponsor or guarantor end, or when will it end? _____
dd / mm /yyyy

Are you a Canadian citizen? Yes No

NOTICE to all applicants – Any false or misleading statements in this application or in any document attached thereto may result in removal of the applicant's name from the eligibility list, refusal to grant lowrental housing, a change in rental conditions, or eviction from the dwelling.

ATTESTATION

I certify that the above information is true and complete.

I authorize the organization to perform any verification it deems appropriate. It is understood that the information given is confidential and will be used only for the needs of the organization and of the Société d'habitation du Québec.

Applicant's signature

Date

Signature of organization officer

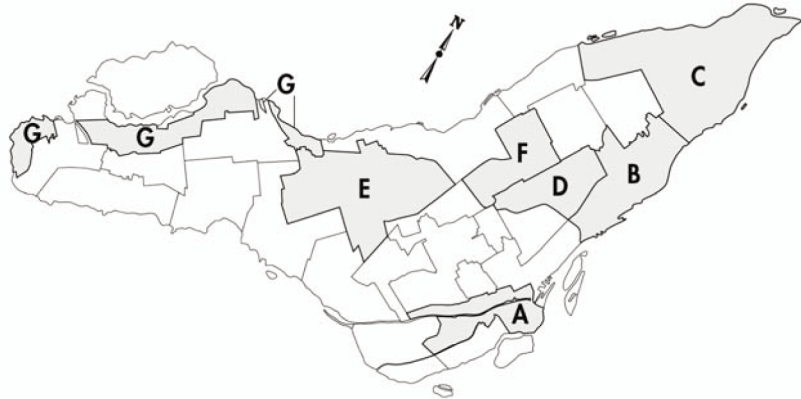
Date


dd / mm /yyyy















dd / mm /yyyy

CHOICE OF BOROUGH(S) (CHECK ONE OFF OR MORE)

CITY OF MONTREAL BOROUGH(S)



 Building accessible to disabled people

| CHOICE(S) | BOROUGH(S) | NUMBER OF COOPS | COOPERATIVES |
|---------------------------------|---|-----------------|--|
| <input type="checkbox"/> #20 | A- Sud-Ouest | 23 | Balcons Fleuris (Les) Belle Vie (La) Blue Moon Boîte à Surprise (La) Canal de PSC (Du) Clair de Lune  Cœur de PSC Colombe (La) Éclipse de PSC (L') Étoiles (Des) Fascination de PSC Fou-Rire du Sud-Ouest Jardin de PSC  Lien (Le)  Louis Cyr Milieu (Du) Moissons (Des) Monde à l'Envers (Le) Naufragés de PSC (Les) Oasis du Sud-Ouest (L')  Parchemin (Le)  Shamrock Succès de PSC (Le) |
| <input type="checkbox"/> #22 | B- Mercier / Hochelaga-Maisonneuve | 7 | Aigle Blanc (L') Bonheur Prochain (Le)  Infini (L')  Louis-Veuillot Shalom Trois Galeries (Les) Ville-Marie |
| <input type="checkbox"/> #18 | C- Rivière-des-Prairies / Pointe-aux-Trembles / Montréal-Est | 7 | Akela  Fil d'Ariane (Le) Giron d'Aile Multiculturelle Cœur-à-Cœur  Pas-à-Pas Verseau (Du) Vivre Ensemble |
| <input type="checkbox"/> #24 | D- Rosemont / Petite-Patrie | 5 | Amadeus  Bonheur Santisouk (Le) Hispano-America  Petite Côte (La) Préludes (Les) |
| <input type="checkbox"/> #15 | E- Saint-Laurent | 3 | Ethnies (Des)  Grand Atlas (Le)  Multi-Ethnique  |
| <input type="checkbox"/> #25 | F- Villeray / St-Michel / Parc-Extension | 1 | Esperanza (La) |
| <input type="checkbox"/> #13 | G- Pierrefonds / Senneville | 1 | Belle Lyrette |