

**APPENDIX TO THE APPLICATION FOR LOW INCOME HOUSING
«COOPERATIVE GRADING CRITERIA » FORM**

SECTION - IDENTIFICATION

Complete name : _____

Address: _____

City: _____ Postal Code: _____

Tel.: (_____) _____ Email: _____

ATTENTION : In order for your application for a dwelling in a housing cooperative in the non-profit private program (PSBL-P) to be eligible, you must attach this duly completed form to your "application for low-income housing"

1. Are you or have you ever been involved in social or community organizations ?

- No
- Yes, for a period of less than a year
- Yes, for a period of one to 5 years
- Yes, for a period of more than 5 years

2. Would you be willing to invest a few hours of your time in the cooperative ?

- No
- Yes

3. Among the following responsibilities, tick off those you would be willing to accept within the housing cooperative:

- Member of the Board of directors
- Minor maintenance work and repairs
- Accounting tasks
- Head of a committee
- Communications
- Organize the activities
- Secretarial tasks
- Housekeeping
- Seasonal exterior maintenance