



Dear Sir/Madam

In order to allow you to apply for low-rental housing, we are sending you the application form to which we attach the eligibility conditions and a choice of sectors form.

If you meet all the conditions, please complete, sign and return the forms to us. Make sure to provide all the required documents.

Following receipt of your documents, the selection committee will analyze your application. You will then receive, by mail, a letter indicating the status of your application as well as your rank on our eligibility list.

We remain available for any additional information you may need.

Sincerely

*Jo-Ann Camirand*

Selection agent - location

## **Eligibility conditions for affordable housing**

Eligibility conditions for affordable housing are as follows:

- 1) **Be a Canadian citizen**, or a permanent resident, residing in Québec;
- 2) **Be independent** in terms of basic needs, in particular those related to personal care and usual household tasks;
- 3) **Have lived 12 months in the selected region** over the last 24 months before making a request;
- 4) Have a revenue that is **not over the maximum amount** determined by the Société d'habitation du Québec;
- 5) Have personal belongings that do not exceed the **maximum amount of \$75 000**.  
*These assets can be an amount of money (placed in a financial institution, a trust, a trust and savings bonds), a property, a chalet, a car, etc.*

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### **Attach to your dwelling request:**

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- Photocopies of the latest **proof of revenue** for all members of your household aged 18 years old and older  
*Example - families or single person : Relevé 5 from Social Assistance, T4U Work Insurance, Relevé 1 from your employer, Study bursaries, alimony, etc.*  
*Example - seniors: Statement of Old Age Security, Statement of Participation in the Québec Pension Plan, interest income statement, etc*

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  - Latest notice of assessment from Revenu Québec**

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  - Photocopies of your **present lease, and your previous lease as well as your last rent increase notice if applicable** (proof of residence for 12 months for the selected region over the last 24 months).

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  - Photocopy of your **Health Insurance Card** and **driver's license**

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  - Proof of **child custody** and **support**

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  - For children aged 18 and over attending full-time studies, please provide a **confirmation of attendance in an educational institution** for the current year.
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**Be sure to provide all necessary documents in order to avoid delays in the process of your application.**

# Low-Rental Housing Application

(The shaded sections are reserved for use by the organization)

**A**

## APPLICANT'S IDENTITY (Ss. 11 and 16)

Applicant's surname 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

**B**

## INFORMATION ON YOUR LEVEL OF INDEPENDENCE (ss. 11 and 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 <b>with outside assistance</b> ? 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 <b>caregiver</b> ? If so, please complete and sign the "Independence Questionnaire".	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C**

## CHOICE OF SECTOR (s. 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:

**D**

## 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.

**E**

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

Year

Enter the annual income of each member of your household, including the caregiver's income where applicable. Please also attach supporting documents.	A	B	C	D	E	F
Employment income	\$	\$	\$	\$	\$	\$
Employment insurance *	\$	\$	\$	\$	\$	\$
Emploi-Québec (training) **	\$	\$	\$	\$	\$	\$
Income security	\$	\$	\$	\$	\$	\$
Old Age Pension	\$	\$	\$	\$	\$	\$
Québec Pension Plan	\$	\$	\$	\$	\$	\$
Other pensions	\$	\$	\$	\$	\$	\$
Interest and investments	\$	\$	\$	\$	\$	\$
CSST	\$	\$	\$	\$	\$	\$
SAAQ	\$	\$	\$	\$	\$	\$
Support payments received	\$	\$	\$	\$	\$	\$
Other income (specify)	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
<b>Partial individual total :</b>	\$	\$	\$	\$	\$	\$

**SUBTOTAL –  
HOUSEHOLD INCOME**

\* Social assistance benefits paid pursuant to sections 74 to 78 and 204 of the Individual and Family Assistance Regulation for every dependent child of full age attending an educational institution (s. 2.7 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)

\*\* Supplementary expenses paid by Emploi-Québec within the scope of the terms and conditions for the application of active measures by Emploi-Québec, financed out of the Labour Market Development fund (s. 2.11), and employment assistance allowances paid during a calendar year to a person participating in Emploi-Québec active employment measures, up to a maximum amount of \$1,560 per person (s. 2.13 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)

**F**

**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 capital and various investments)
- 2- IMMOVABLE PROPERTY +\$ \_\_\_\_\_  
(real estate)
- 3- OTHER PROPERTY + \$ \_\_\_\_\_  
(excluding furniture)

**TOTAL VALUE OF GOODS OWNED**  
= \_\_\_\_\_ \$  
(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.

**G**

**APPLICANT'S COMMENTS**

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**H**

**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? \_\_\_\_/\_\_\_\_/\_\_\_\_

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 low-rental housing, a change in rental conditions, or eviction from the dwelling.**

**I**

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHOICE SECTOR FORM

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 1) Please complete the following form by checking the sectors you are interested in and answering the questions.  
 2) Sign the form and send it back to the OMH du Val-Saint-François with the Low-Rental Housing Application.

### Section 1

Housings for people aged 50 years or older					
Sector Richmond	St	1 cc	2 cc	3 cc	4 cc
300, Gouin					
359, Roger-Martel					
Sector St-Denis-de-Brompton	St	1 cc	2 cc	3 cc	4 cc
1010, Wilfrid					
Sector Stoke	St	1 cc	2 cc	3 cc	4 cc
415, Côte de l'Église					
Sector Valcourt	St	1 cc	2 cc	3 cc	4 cc
1253 – 1255, Maisonneuve					
1273 – 1275, Maisonneuve					
Sector Windsor	St	1 cc	2 cc	3 cc	4 cc
70, Jean-XXIII					

Housings for families or single person					
Sector Richmond	St	1 cc	2 cc	3 cc	4 cc
220, Ball					
Sector St-Denis-de-Brompton	St	1 cc	2 cc	3 cc	4 cc
1020, Wilfrid					
Sector Valcourt	St	1 cc	2 cc	3 cc	4 cc
1095 - 1102, Des Lilas					
1108 – 1115, Des Cormiers					
1109 – 1112, Des Mélézes					
1203 – 1240, Jeanne-Mance					
1254 – 1256, 1274 – 1276, Maisonneuve					
Sector Windsor	St	1 cc	2 cc	3 cc	4 cc
35, Longpré					
129, Watopéka					
130 – 134, Watopéka					

• I don't have any sector preference

• Date you wish to move into the accommodation: \_\_\_\_\_

### Section 2

<b>At which level is your current dwelling located?</b> Basement <input type="checkbox"/> Half-basement <input type="checkbox"/> Ground floor <input type="checkbox"/> 1 <sup>st</sup> level <input type="checkbox"/> 2 <sup>nd</sup> level <input type="checkbox"/> 3 <sup>rd</sup> level <input type="checkbox"/> 4 <sup>th</sup> level or higher <input type="checkbox"/>		
<b>At which level(s) can we offer you a dwelling?</b> Basement <input type="checkbox"/> Half-basement <input type="checkbox"/> Ground floor <input type="checkbox"/> 1 <sup>st</sup> level <input type="checkbox"/> 2 <sup>nd</sup> level <input type="checkbox"/> 3 <sup>rd</sup> level <input type="checkbox"/> 4 <sup>th</sup> level or higher <input type="checkbox"/>		
Do you own a pet? If so, which one :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car*? If so, indicate :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Brand :		
Model :		
Year :		
Registration :		
Color :		
▶ Please provide a copy of your registration		

Do you, or anyone in your household, suffer from a health or psycho-social condition? (If so, please have the form for « prejudicial environment » completed if your condition might have an incidence on your application.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you, or anyone in your household, have a physical handicap? If so, what is the handicap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you, or anyone in your household, have diminishing independence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ability to walk upstairs:

- 1 to 3 stairs   
 1 level   
 2 levels   
 Over 2 levels

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## Section – 3 Declaration and signature

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### Protection of your personal information

The personal information collected by the OMH du Val-Saint-François are necessary for the purpose of implementing the *By-law respecting the allocation of dwellings in low rental housing* and the *By-law respecting the conditions for the leasing of dwellings in low-rental housing Act respecting the Société d'habitation du Québec*. These information will be addressed confidentially. The OMH du Val-Saint-François will only communicate these information to the authorised personnel and exceptionally to certain government departments and agencies, in conformity with the *Act respecting access to documents held by public bodies and the protection of personal information*. They might also be used for statistical, studies and survey purposes. You have the right to access your personal information or to have them rectified. For more information, please contact the individual responsible for personal information protection at the OMH du Val-Saint-François.

### Declaration

I declare that all the statements made in this application are true. I understand that any misinformation might lead to the following consequences: **the removal of my application from the admissibility list or the refusal of my application for a low-cost dwelling**. I understand that the OMH du Val-Saint-François will offer me a dwelling based on the choices made in the first section of the current form and that the refusal of a dwelling will lead to the suspension of any further application for a year.

Signature :

Date :

**Note:** Please note that the only pets authorized in the dwellings managed by the OMH du Val-Saint-François are one cat or fish (the maximal allowance of the aquarium is 15 liters).

#### Explanatory notes:

- ST : Studio
- 1 cc : dwelling with one bedroom (3½)
- 2 cc : dwelling with two bedrooms (4½)
- 3 cc : dwelling with three bedrooms (5½)
- 4 cc : dwelling with four bedrooms (6½)