

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:	<input type="checkbox"/> All sectors
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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)

	Year					
Indicate the annual income for each member of your household, including the caregiver's income if applicable. Please include the supporting documentation.	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 Québec 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

J

K

L

M

TO BE COMPLETED BY THE ORGANIZATION

IDENTIFICATION OF THE ORGANIZATION

Organization

Area code
()

Telephone no.
-

Number

Street

Municipality

Postal code

APPLICATION ACCEPTABILITY (Sec. 11 to 13)

1- Did the applicant provide all the required information?

☐ Yes

☐ No

2- Did the applicant provide all the documents required to complete the application?

☐ Yes

☐ No

3- Did the applicant provide proof of income for all members of the household, including the caregiver, if applicable?

☐ Yes

☐ No

4- Is the application acceptable?

☐ Yes

☐ No

5- If not, specify the reasons in Section N, File Summary.

APPLICATION ELIGIBILITY (Sec. 14 to 16)

1- Is the applicant a Québec resident?

Yes

No

Not applicable

2- Has the applicant lived in Québec for at least 12 months over the 24 months prior to the application?

☐

☐

3- Has the applicant lived in the organization’s selection territory for at least 12 months over the 24 months prior to the application?

☐

☐

☐

This question is only applicable if the organization has a by-law to that effect (sec. 14.4)

This question does not apply to victims of domestic violence or to households with a disabled person who, as a result of motor disability, may have difficulty accessing a dwelling or moving around inside it.

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☐

4- Is the applicant a Canadian citizen or permanent resident?

☐

☐

5- Is the applicant and members of his/her household the appropriate age as determined by the organization or by the By-law respecting the allocation of dwellings in low rental housing for the housing category applied for in this application? (Sec. 2, 3, 4, 5 and 17)

☐

☐

6- Does the household’s income respect the core needs threshold? (Sec. 14.5)

☐

☐

☐

7- Does the value of household property respect the maximum determined by the organization?

☐

☐

This question is only applicable if the organization has set a maximum through a by-law. (Sec. 16.5)

8- Can the applicant meet his/her daily needs independently or does the applicant have the necessary support? See the “Independence Questionnaire”. (Sec. 14.2)

☐

☐

9- If the applicant or a member of his/her household is a former tenant in an affordable housing dwelling, would their history allow them to be eligible under subsections 1, 2, 3 and 4 of Sec. 16 of the allocation by-law (eviction, abandonment or non-discharged debt)? (Sec. 16.1, 16.2, 16.3 and 16.4)

☐

☐

10- If the applicant is a full-time student, does he/she live with a dependent child or does he/she live in a marital relationship with a person who has a dependent child? (Sec. 16.6)

☐

☐

☐

11- If the applicant is pregnant, is she 20 weeks pregnant or more? (Sec. 16)

☐

☐

12- If the applicant is severely limited in his/her capacity for employment under the Individual and Family Assistance Act (R.S.Q., c. A-13.1.1), is he/she participating in a measure or social assistance or accompaniment program included in this act?

☐

☐

13- Question for housing cooperatives and NPOs:

☐

☐

☐

Does the applicant meet the eligibility criteria listed in the organization’s incorporating document or by-laws? Please complete the sheet in the appendix. (Sec. 14)

Priority, if applicable. (Sec. 23 to 26)

☐ The person’s lease was terminated under Sec. 1974.1 of the Civil Code or the person is the victim of domestic violence.

☐ The household suffered a disaster.
Enter date of disaster (year/month/day).

☐ The household was evicted by a public organization under a public program.
Enter the departure date (year/month/day).

☐ The household is already living in an affordable housing dwelling and must be relocated for health and safety reasons.

☐ The applicant would like to receive the rent supplement managed by the coop or the NPO where he/she currently lives.

☐ The organization has decided to relocate the household under Sec. 1990 of the Civil Code (appropriate housing category and sub-category) or has identified by by-law other types of relocation as being a priority.

WEIGHTING

Which income appendix should be referred to for this household?

Appendix number:

Housing category:
(A, B or C)

Region in question:
(Region number and name)

City or municipality:

Number of people:
☐ 1 person or couple

PARTIAL TOTAL OF HOUSEHOLD INCOME = \$

(including the caregiver’s income)

- Minus (deduct with supporting documentation)

Alimony paid \$

Hospitalization fees paid \$

Accommodation fees paid \$

Total deductions \$ -

ANNUAL HOUSEHOLD INCOME = \$

MONTHLY HOUSEHOLD TOTAL INCOME = \$

(= annual income ÷ 12)

N

<input type="checkbox"/> 2 or 3 people (with the exception of a couple)	WEIGHTING OF INCOME CONSIDERED The weighting is done based on the appendix number on the left (make sure to use the right appendix based on the region, number of people in the household and the year).	(E)	
<input type="checkbox"/> 4 or 5 people			
<input type="checkbox"/> Six people or more			
M1	INCOME WEIGHTING (maximum of 6 points)		
	If the organization adopted a by-law under paragraph 2 of section 27 for a household composed of a single person, when this person is in one of the situations listed below, please check off the corresponding box and add six points to the income weighting.		
	<input type="checkbox"/> Person 65 years of age or older whose income is ≤ OAS + GIS <input type="checkbox"/> Person receiving an allowance for “being severely limited in capacity for employment” under the Programme de solidarité sociale		
M2	SENIORITY OF APPLICATION (two points per year for a maximum of 6 points)		
	Please indicate the number of points to which the applicant is entitled based on the date the <i>Application for low rental housing</i> was submitted.		
M3	MINOR CHILDREN (one point per minor child under the custody of the applicant at least 40% of the time)		
	LOCAL CRITERIA (3 rd paragraph of Sec. 27)		
	Applies solely if the landlord planned to allocate additional points by local by-law to an applicant for one or more of the four situations below. Please check off the corresponding boxes and enter the number of points to be allocated:		Points (0 to 5)
	<input type="checkbox"/> Disabled person;		
	<input type="checkbox"/> Damaging environment;		
	<input type="checkbox"/> Social harmony;		
	<input type="checkbox"/> Disabled person who lives in the landlord’s territory (the building in question contains only category C dwellings).		
M4	TOTAL WEIGHTING FOR LOCAL CRITERIA (The total points to be allocated for all situations described above must not exceed 5.)		
M5	FACTORS UNIQUE TO THE ORGANIZATION (Sec. 28) (RESERVED FOR COOPS AND NPOs)		
	Based on the by-law adopted by the organization, please indicate the criteria and the number of points to which the applicant is entitled to based on the criteria specific to the organization. Please include the sheet from the appendix.		
FILE SUMMARY			
Date application was received (year/month/day)		Date application was renewed (year/month/day)	
Grounds for non-acceptability or priority of the application		WEIGHTING (points)	
		M1 Income weighting	
		M2 Application seniority	
		M3 Minor children	
		M4 Local criteria	
		M5 Factors unique to the organization	
Number of minor children		TOTAL WEIGHTING	
Number of disabled persons			
Housing category and sub-category (sec. 1 to 8)	Category <input type="checkbox"/> A (senior) <input type="checkbox"/> B (family) <input type="checkbox"/> C (spec. housing)	Sub-category <input type="checkbox"/> Disabled person <input type="checkbox"/> Room <input type="checkbox"/> Studio _ Bedroom	
ADDITIONAL COMMENTS FROM THE ORGANIZATION			