

Social assistance**

Société d'habitation Québec

| Affor | dable Housing | Application | on | | | , | ne shaded are janization's u | | eserved for th | ne |
|---|--|------------------------|-------------|------------|----------------|--------------------|---------------------------------|------------------|-----------------------|----------------------------------|
| | ICATION OF THE APPLI | | | | | org | janization s u | Se) | | |
| | s last and first name | | | | | Area code | Telephone | no. | | |
| Last and | first name of person to contact | ct if applicant can | not he re | ached | | () Area | - Telephone |) no | | |
| Last and | ilist riame of person to contac | ст ії арріісант сані | iot be re | acrieu | | code | relepriorie | : 110. | | |
| Current ad | dress and addresses for all dwel | lings you lived in ove | er the last | 24 months | in Quebec pre | () ceding your | application. | | | |
| Address | | | | | | Postal cod | е | | ved there 'months) | |
| | | | | | | | | / | montais | |
| Previous | address | | | | | Postal cod | e | | ved there | |
| 1 1011000 | adarooo | | | | | . Colai coa | | (years/ | months) | |
| | | | | | | | | Time li | ved there | |
| Previous | address | | | | | Postal cod | е | | months) | |
| 1- Are yo | ou a Canadian citizen or perm | anent resident? | | | L | | | , | ☐ Yes | □No |
| | you or a member of your hous | | II: O | | | | | | | |
| | Been evicted from an afford Left an affordable housing d | welling without no | tifying th | e landlord | 1? | | | | ☐ Yes ☐ Yes | ☐ No |
| - | - Owed money to an affordab | le housing landlor | d? | | | | | | ☐ Yes | ☐ No |
| INFORM | MATION ON INDEPENDEN | NCE (Sec. 11 and 1 | 14) | | | | | | | |
| | you and the members of your cular those needs related to p | | | | | | | | ☐ Yes | ☐ No |
| comp | plete and sign the appendix "C | Questionnaire on I | Independ | dence". | | | , | | | |
| | you or a member of your hous s, please complete and sign th | | | | | sed with thi | s applicatio | n. | ☐ Yes | ☐ No |
| | ou or a member of your hous elchair, walker, etc.)? If yes, o | | | | | | ulties | | ☐ Yes | ☐ No |
| 4. Do y | ou or a member of your hous | ehold have a disa | bility tha | t requires | | | ed one? If so | Ο, | ☐ Yes | ☐ No |
| | se complete and sign the "Ind E OF SECTOR (Sec. 11.9) | ependence Quest | tionnaire | ". | | | | | | |
| | ble to your application, please | e choose from the | list prov | ided by th | e organizatior | ١. | | | | |
| Sector n | umbers or names: | | | - | | | | | ☐ All sect | ors |
| HOUSE | HOLD COMPOSITION (Se | rc 11) | | | | | | | | |
| | nber of household members | · · | e numbe | er of head | of household | Area coo | de Tel | ephone i | no. - | |
| | Last and first names of the | | | | Relationship | , | | • | | |
| Occupant | applicant and all members of the household, including the name of the caregiver* if applicable | Date of Birth | Age | Gender | with the | 70 UI | | nsurance nber | Disabled (yes/no) | Full-time student (yes/no) |
| Α | | 1 1 | | □М□Б | F | | - | - | | |
| В | | 1 1 | | □М□Б | F | | - | - | | |
| С | | 1 1 | | □М□ | | | - | - | | |
| D | | 1 1 | | □ M □ F | | | - | - | | |
| E | | 1 1 | | □ M □ F | | | - | - | | |
| F | <u> </u> | 1 1 | | M □ F | | | - | - | | |
| | er: Please complete the table ed custody cases, please indi | | | | | | olumn. | | | |
| | E (for the calendar year preceding | g the application dat | e) (Sec. 2 | 27) | | | ļ. | Y | ear | |
| each mer including applicable supportin | the annual income for mber of your household, the caregiver's income if e. Please include the g documentation. | A | E | 3 | С | D | | E | | F |
| Work inco | ome lent insurance | | | | | | | | | |
| | tuébec (training)* | | | | | | | | | |

^{*} 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*)

^{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) | | | | | | |
| (1)/ | | | | | | |
| Partial individual total: | | | | | | |
| PARTIAL TOTAL OF THE | | | | | | |
| HOUSEHOLD INCOME | | | | | | |
| | | | | | | |
| HOUSEHOLD PROPERTY (Sec. 11 and | | | | | | |
| Indicate the market value of the property | | ts listed below a ets and those of | | consideration w | hen establishing | the total value o |
| <u>currently</u> in your possession as well as | | hings and items | | a· | | |
| the property owned by your household: | | • | | a job, trade or an | t . | |
| | 1 | | | • | ι, d as part of a pe | ncion plan otho |
| 1- LIQUID ASSETS + \$ | | | | | ébec Pension Pla | |
| (including capital and various investments) | or an eq | uivalent plan un | der this act as w | ell as the amour | nts accumulated v | with interest as a |
| 2- IMMOVABLE PROPERTY+ \$ | | | | | ent savings plan d to the participa | |
| (property) | of retiren | | ient of the act <u>ca</u> | annot be returned | u to trie participal | it belore the age |
| | | | a dependent chi | ld if it is being m | nanaged by a gua | ardian, an estate |
| 3- OTHER ASSETS + \$ | | | | porting is comple | | · |
| (excluding furnishings) | - Property | acquired by the | dependent child | through his/her | personal work; | |
| | - The equ | ipment adapted | to the needs o | f an adult or dep | pendent child wh | no has functiona |
| | purposes | • | enicle adapted | for transportation | that is not used | d for commercia |
| | | | ned funeral serv | vices contract an | d a pre-purchase | ed burial contrac |
| | | | | | а а р. с разоласо | |
| TOTAL VALUE OF PROPERTY OWNED | | ese contracts are | | | | |
| = \$ | while the | ese contracts are ounts accumulate | in effect; ed in a registered | | gs plan, including | amounts paid ir |
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| IDENTIFICATION OF THE ORGANIZATION | | | | |
|---|---|---|--|---|
| Organization | | Area coo | de Tele | ephone 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 com 3- Did the applicant provide proof of income for all members o caregiver, if applicable? 4- Is the application acceptable? Yes No | | ☐ Yes ☐ Yes | | □ No □ No |
| 5- If not, specify the reasons in Section N, File Summary. APPLICATION ELIGIBILITY (Sec. 14 to 16) | | | | |
| APPLICATION ELIGIBILITY (Sec. 14 to 16) | | Yes | No | Not applicable |
| 1- Is the applicant a Québec resident? 2- Has the applicant lived in Québec for at least 12 months o | over the 24 months prior to the | | | Trot applicable |
| application?Has the applicant lived in the organization's selection territorthe 24 months prior to the application? | | | | |
| This question is only applicable if the organization (sec. 14.4) This question does not apply to victims of domestic viol disabled person who, as a result of motor disability, madwelling or moving around inside it. Is the applicant a Canadian citizen or permanent resident? | ence or to households with a | | | |
| Is the applicant and members of his/her household the app the organization or by the <i>By-law respecting the allocati housing</i> for the housing category applied for in this application. Does the household's income respect the core needs threshold. | ion of dwellings in low rental on? (Sec. 2, 3, 4, 5 and 17) nold? (Sec. 14.5) | | | |
| organization? This question is only applicable if the organization ha | _ | | | |
| by-law. (Sec. 16.5) Can the applicant meet his/her daily needs independently of necessary support? See the "Independence Questionnaire". If the applicant or a member of his/her household is a following dwelling, would their history allow them to be elig | . (Sec. 14.2) ormer tenant in an affordable gible under subsections 1, 2, 3 | | | |
| and 4 of Sec. 16 of the allocation by-law (eviction, abandoni (Sec. 16.1, 16.2, 16.3 and 16.4) 10- If the applicant is a full-time student, does he/she live wi | , | | | |
| he/she live in a marital relationship with a person who has a 11- If the applicant is pregnant, is she 20 weeks pregnant or mo 12- If the applicant is severely limited in his/her capacity for em | ore? (Sec. 16) | | | |
| and Family Assistance Act (R.S.Q., c. A-13.1.1), is he/she social assistance or accompaniment program included in this | participating in a measure or | | | |
| 13- Question for housing cooperatives and NPOs: Does the applicant meet the eligibility criteria listed in the or | ganization's incorporating | | | |
| document or by-lays? Please complete the sheet in the app Priority, if applicable. (Sec. 23 to 26) | enaix. (Sec. 14) | | | |
| ☐ 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 | ☐ The household is alread dwelling and must be reloced. ☐ The applicant would like managed by the coop or lives. ☐ The organization has determined. | cated for let to recent the NP0 ecided to | nealth and live the lided where relocate | d safety reason rent supplement he/she currer the househouse |
| under a public program. Enter the departure date (year/month/day). | under Sec. 1990 of the category and sub-categor types of relocation as bein | y) or has | identified | |
| WEIGHTING | | TAL TOT | | |
| Which income appendix should be referred to for this household? | PART OF HOUSEHO (including the caregiver's inc | | | |
| Appendix number: | - Minus (deduct with supporting doc Alimony paid | umentatio | on) | r. |
| Housing category: | - AUTONIV DOIG | | | \$ \$ |
| Housing category: (A, B or C) Region in question: (Region number and name) | Hospitalization fees paid Accommodation fees paid Total deductions | | | \$ \$ \$ - |
| (A, B or C) Region in question: | Hospitalization fees paid Accommodation fees paid | DME | = | \$ \$ - \$ |

| | 2 or 3 people (with the exception of a couple) 4 or 5 people Six people or more | 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) | |
|--------------------------------------|--|---|--------|--------------------|
| M1 | INCOME WEIGHTING (maximum of 6 points) | | | |
| | If the organization adopted a by-law under pa composed of a single person, when this person is check off the corresponding box and add six points to | s in one of the situations listed below, please the income weighting. | | |
| | Person 65 years of age or older whose income is Person receiving an allowance for "being severe solidarité sociale" | s ≤ OAS + GIS ly limited in capacity for employment" under the F | Progra | mme de |
| M2 | SENIORITY OF APPLICATION (two points per year | for a maximum of 6 points) | | |
| | Please indicate the number of points to which the applifor low rental housing was submitted. | icant is entitled based on the date the Application | | |
| 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 alloca applicant for one or more of the four situations bel Please check off the corresponding boxes and enter the | ow. | | Points (0 to 5) |
| | ☐ Disabled person; | | | |
| | ☐ Damaging environment; | | | |
| | Social harmony; | | | |
| | ☐ Disabled person who lives in the landlord's te category C dwellings). | | 1 | |
| M4 | TOTAL WEIGHTING FOR LOCAL CRITERIA (T described above must not exceed 5.) | he total points to be allocated for all situations | | |
| M5 | FACTORS UNIQUE TO THE ORGANIZATION (S | Sec. 28) (RESERVED FOR COOPS AND NPOs) | | |
| | Based on the by-law adopted by the organization, plea to which the applicant is entitled to based on the criteri sheet from the appendix. | | | |
| FILE | SUMMARY | | | |
| Б. | | | | |
| | application was received Date application was renew (year/month/day) | ved " | oints) | |
| (year/ | | wed WEIGHTING (po | oints) | |
| (year/ | (month/day) (year/month/day) | ved " | oints) | |
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