

# HOUSING APPLICATION FORM

DATE OF THE REQUEST

D D M M Y Y Y Y

## IDENTIFICATION

**NAME OF THE APPLICANT :**

**PHONE NUMBER :**

**OTHER MEANS OF CONTACT :**

**GENDER:** MAN WOMAN OTHER (please specify) : I prefer not to answer

**PRONOUNS:** he/him she/her they/them OTHER (please specify) : I prefer not to answer

**STATUS:** Canadian citizen Permanent resident OTHER (please specify) :

**LANGUAGE :** English French OTHER (please specify) :

**DATE OF BIRTH:**

D D M M Y Y Y Y

**AGE :**

## REFERENCES

**PLEASE PROVIDE THE CONTACT DETAILS OF THE COMMUNITY WORKER, SOCIAL WORKER, NURSE, DOCTOR OR OTHER THAT REFERRED YOU**

**NAME OF THE REFERENCE :**

**RELATIONSHIP WITH YOU :**

**NAME OF ORGANIZATION :**

**PHONE NUMBER :**

**EMAIL ADDRESS :**

## HOUSING

PLEASE SHORTLY DESCRIBE YOUR PAST OR PRESENT HOUSING SITUATION :

DO YOU OWN A PET?    YES        NO

## HOUSING SUBSIDY

*The data is collected for information purposes, an official eligibility form may be needed.*

IS YOUR GROSS INCOME LESS THAN 38 000\$ ?            YES        NO

DO YOU OWN GOODS VALUED AT \$50,000 OR OVER?    YES        NO

WHAT IS YOUR SOURCE OF INCOME? HOW MUCH DO YOU MAKE MONTHLY?

DO YOU HAVE PROOF OF YOUR INCOME?            YES        NO

HAVE YOU DONE A PROVINCIAL TAX REPORTING FOR THE YEAR OF 2023?    YES        NO

HAVE YOU LIVED IN THE MONTREAL METROPOLITAN AREA FOR THE LAST TWELVE MONTHS?    YES        NO

HAVE YOU BEEN A HLM TENANT WHOSE LEASE HAS BEEN RESIGNED DUE TO AN EVICTION, A NON PAYMENT OF A DEPT TO THE LANDLORD OR AFTER A DECISION FROM THE TRIBUNAL ADMINISTRATIF DU LOGEMENT?    YES        NO

## HEALTH AND AUTONOMY

DO YOU RECEIVE COUNSELLING FROM HEALTH PROFESSIONNALS OR COMMUNITY WORKERS?            YES        NO

NAME AND ROLE:

NAME OF THE ESTABLISHMENT :

PHONE NUMBER :

EMAIL ADDRESS:

**DO YOU HAVE PHYSICAL LIMITATIONS? IF SO, WHAT ARE THEY ?**

**HOW IS YOUR GENERAL HEALTH ?**

**WHAT IS YOUR MENTAL HEALTH HISTORY ?**

**WHAT IS YOUR CONSUMPTION HABITS? (DRUGS AND ALCOHOL)**

**By signing this document, i declare that the information given is true and I authorise a vilavi representative to contact the reference mentioned in this application form et to exchange information regarding me.**

**SIGNATURE OF THE  
APPLICANT:**

**DATE:**