

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

IS YOUR GROSS INCOME LESS THAN 31 000\$? 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 2021? 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: