LOW-RENT HOUSING APPLICATION

Office municipal d'habitation de Montréal

(PLEASE PRINT) ______________________

APPLICANT

Last name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| First name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of birth: ___ / ___ / ___ (YY MM DD) Sex: ❒ F ❒ M Language: ❒ French ❒ English

1 CURRENT ADDRESS

Address: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Apt: ________ City: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Postal code: |_|_|_|_|_|_|_|

☎ Home: _____ _____ - ______ Cell: _____ _____ - ______ ☎ Work: _____ _____ - ______ Extension ______

Email address: ______________________ Social Insurance Number: ______ ______ ______

When did you move here? ___ / ___ / ___ (YY MM DD) If you've been at this address for less than two years, complete Section 2.

2 PREVIOUS ADDRESSES If you've been at your address for less than two years, complete this section.

Address	City	Postal code	From ___ / ___ / ___ (YY MM DD)	to ___ / ___ / ___ (YY MM DD)
Address	City	Postal code	From ___ / ___ / ___ (YY MM DD)	to ___ / ___ / ___ (YY MM DD)

If you need more space for previous addresses, attach an extra page.

3 CONTACTS Name two people who speak either French or English whom we can call if unable to reach you.

Name	Tel.	Relationship to you
Name	Tel.	Relationship to you

FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST:

1. ✓ ANSWER ALL QUESTIONS.
2. ✓ SIGN THE FORM.
3. ✓ PROVIDE THE FOLLOWING:
   - A photocopy of your lease.
   - A signed photocopy of the provincial income tax return for the previous year and the relevant tax slips or a detailed notice of assessment.
   - A photocopy of proof of school attendance (for current students aged 18 or over).
   - Other relevant documents.

PLEASE SUBMIT ALL DOCUMENTS REQUESTED AND SIGN THE APPLICATION. OTHERWISE, WE'LL BE REQUIRED TO RETURN YOUR APPLICATION.

4 THE MEMBERS OF YOUR HOUSEHOLD List all members you're applying for, including yourself.

A. APPLICANT LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU: APPLICANT

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

B. SPOUSE LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU: SPOUSE

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

C. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | SHARED CUSTODY* % | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

D. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | SHARED CUSTODY* % | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

E. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | SHARED CUSTODY* % | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

F. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX ❒ F ❒ M | AGE | SHARED CUSTODY* % | CIVIL STATUS ❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er) | RELATIONSHIP TO YOU

FULL-TIME STUDENT YES ❒ NO ❒ | CANADIAN CITIZEN YES ❒ NO ❒ | PERMANENT RESIDENT YES ❒ NO ❒ | ARRIVAL DATE IN CANADA YY MM DD | COUNTRY OF BIRTH

* In the event of shared custody, indicate the % of time the child is in your care.

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G. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX	AGE	SHARED CUSTODY*	CIVIL STATUS	RELATIONSHIP TO YOU
❒ F ❒ M		%	❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er)	

FULL-TIME STUDENT	CANADIAN CITIZEN	PERMANENT RESIDENT	ARRIVAL DATE IN CANADA	COUNTRY OF BIRTH
YES ❒ NO ❒	YES ❒ NO ❒	YES ❒ NO ❒	YY MM DD	______

H. OTHER HOUSEHOLD MEMBERS LAST NAME (at birth) | FIRST NAME | DATE OF BIRTH YY MM DD

SEX	AGE	SHARED CUSTODY*	CIVIL STATUS	RELATIONSHIP TO YOU
❒ F ❒ M		%	❒ Single ❒ Married ❒ Common-law spouse ❒ Separated ❒ Divorced ❒ Widow(er)	

FULL-TIME STUDENT	CANADIAN CITIZEN	PERMANENT RESIDENT	ARRIVAL DATE IN CANADA	COUNTRY OF BIRTH
YES ❒ NO ❒	YES ❒ NO ❒	YES ❒ NO ❒	YY MM DD	______

5 DO OTHER PEOPLE NOT LISTED HEREIN ALSO LIVE WITH YOU? YES ❒ NO ❒

If so, specify who: ______

6 TYPE OF HOUSING

What floor do you live on? ______ Is there an elevator in the building? YES ❒ NO ❒

Please complete the section that applies to you:

TENANT ❒

- Number of rooms? ______
- Rent (plus heat and electricity)? $ ______
- Do you have a cotenant? YES ❒ NO ❒ (other than the people named in this application)
- Portion of rent paid by the cotenant? $ ______

LODGER ❒

- With family or friends ❒
- In a rooming house ❒
- In an assisted living facility ❒
- Other (please specify) ______ ❒
- Monthly cost of room $ ______

OWNER ❒

- How many rooms are there? ______
- Property assessment** $ ______
- Mortgage balance** $ ______
- Mortgage payment including taxes** $ ______
- If you are renting out one or more rooms, how much do you receive per month? $ ______

**Attach copies of supporting documents.

7 HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER LIVED IN LOW-RENT HOUSING BEFORE? YES ❒ NO ❒

If so, please specify who: ______

Address of housing: ______

Date moved out: ___ / ___ / ___ (YY MM DD) Reason for leaving: ______

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

Ever been evicted from subsidized housing? YES ❒ NO ❒

Ever skipped out on subsidized housing without informing the landlord? YES ❒ NO ❒

Any debts to a subsidized housing landlord? YES ❒ NO ❒

8 INDICATE **THE TOTAL INCOME** FOR LAST YEAR OF EACH MEMBER OF YOUR HOUSEHOLD.

	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBER __________ NAME	OTHER HOUSEHOLD MEMBER __________ NAME
Earned income	$______ , __	$______ , __	$______ , __	$______ , __
Welfare	$______ , __	$______ , __	$______ , __	$______ , __
Old-age pension	$______ , __	$______ , __	$______ , __	$______ , __
Quebec pension plan	$______ , __	$______ , __	$______ , __	$______ , __
Other pensions	$______ , __	$______ , __	$______ , __	$______ , __
Employment insurance	$______ , __	$______ , __	$______ , __	$______ , __
CSST	$______ , __	$______ , __	$______ , __	$______ , __
SAAQ	$______ , __	$______ , __	$______ , __	$______ , __
Alimony received	$______ , __	$______ , __	$______ , __	$______ , __
Student scholarship	$______ , __	$______ , __	$______ , __	$______ , __
Interest income from investments	$______ , __	$______ , __	$______ , __	$______ , __
Other income (specify)	$______ , __	$______ , __	$______ , __	$______ , __

Enclose the supporting documents for this income.

9 DO YOU, OR A MEMBER OF YOUR HOUSEHOLD, HAVE ANY ASSETS? IF SO, WHAT IS THE VALUE OF THOSE ASSETS?

	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBER __________ NAME	OTHER HOUSEHOLD MEMBER __________ NAME
Bank accounts	$ ______	$ ______	$ ______	$ ______
RRSP/RRIF	$ ______	$ ______	$ ______	$ ______
Savings bonds	$ ______	$ ______	$ ______	$ ______
Term deposits	$ ______	$ ______	$ ______	$ ______
Stocks	$ ______	$ ______	$ ______	$ ______
Other investments	$ ______	$ ______	$ ______	$ ______
Car				
Model	______	______	______	______
Year	______	______	______	______
Home, cottage	$ ______	$ ______	$ ______	$ ______
Other assets (excluding home furnishings)	$ ______	$ ______	$ ______	$ ______

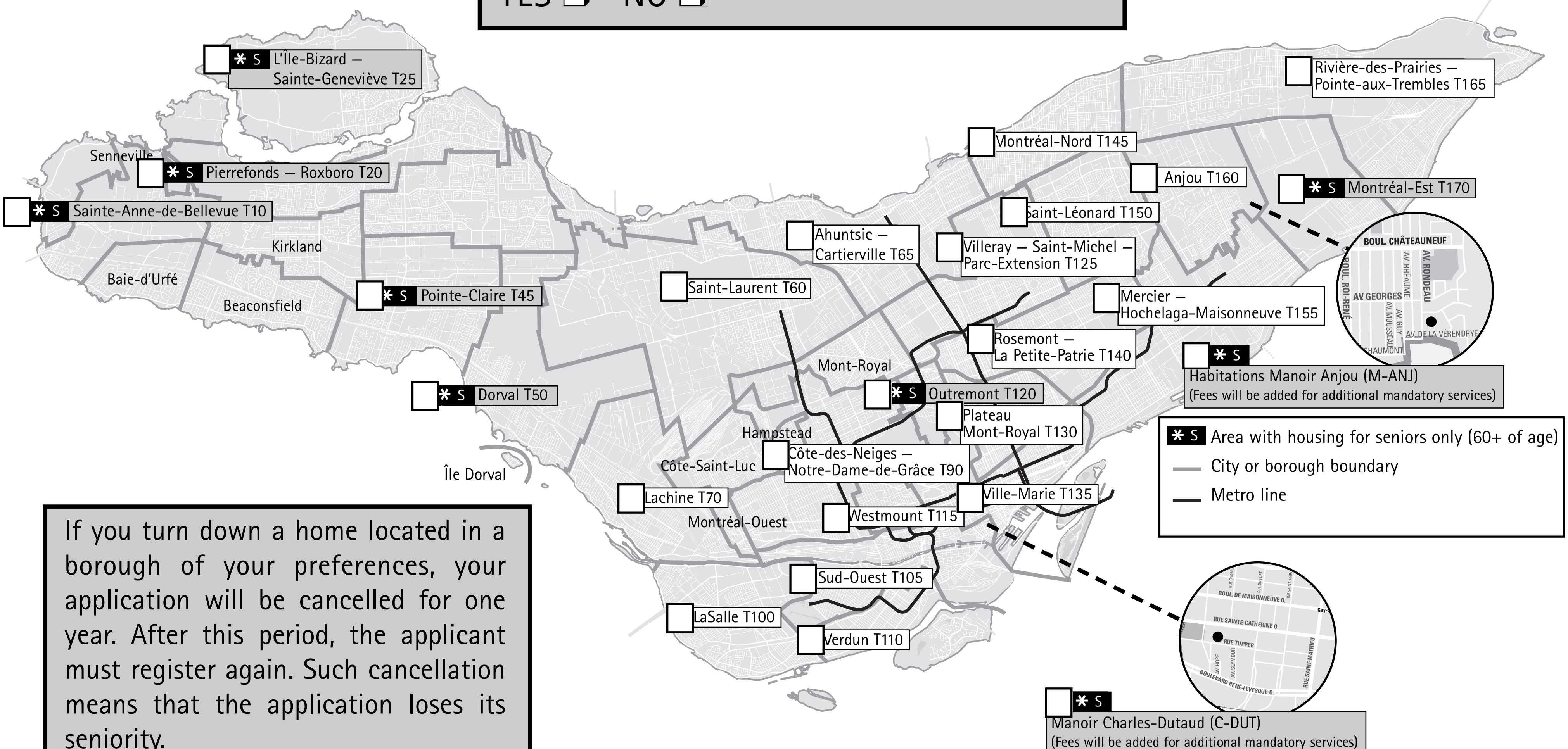
Enclose the supporting documents for this income.

CHOOSE YOUR AREA

The map shows the areas where our low-rent and other subsidized housing projects are located. Check off the name of the area you wish to live in. You may choose up to two areas (including, if you which to do so, your own area).

IF YOU LIVE ALONE, WOULD YOU AGREE TO LIVE IN A STUDIO APARTMENT?

YES ❐ NO ❐



If you turn down a home located in a borough of your preferences, your application will be cancelled for one year. After this period, the applicant must register again. Such cancellation means that the application loses its seniority.

For more details on where our housing projects are located, log on to our website:
www.omhm.qc.ca

10 INFORMATION ON AUTONOMY

Is there a member of your household who has difficulty managing his or her basic needs alone? YES ❐ NO ❐

Does someone provide regular care or support for that member of your household? YES ❐ NO ❐

How many at-home care hours does this person receive per day? ______________________________

If you obtain a low-rent housing unit, will that person live with you? YES ❐ NO ❐

If so, be sure to enter the person's name in Section 4 on the list of members in your household.

11 SECTION RESERVED FOR DISABLED PEOPLE

Does anyone in your household have a significant and persistent physical locomotor disability? YES ❐ NO ❐
Please provide: medical prescription and occupational therapist's report.

If so, who? ______________________________

Does this person use a wheelchair permanently? YES ❐ NO ❐

If not, does he or she use a cane, walker, three-wheel scooter or another type of aid? Please specify. ______________

Does this person:

1. need help entering or exiting the building (because there is no access ramp or because the building's outdoor layout doesn't allow for easy manoeuvrability)? YES ❐ NO ❐
2. need help entering or exiting the apartment? YES ❐ NO ❐
3. have trouble getting around the apartment? YES ❐ NO ❐
4. How many stairs must the person climb to get to your apartment? ______________________________

12 INDICATE THE REASON(S) YOU'RE APPLYING FOR HOUSING

____

____

____

____

13 DECLARATION OF THE HEAD OF THE HOUSEHOLD

I solemnly declare that the information provided herein is accurate and complete. I authorize the OMHM to verify this information as needed. I understand that this information is confidential and will be used only for the purposes of the OMHM and the Société d'habitation du Québec. I acknowledge that any false or incomplete statement regarding this form or any attached documents may lead to one or more of the following consequences: rejection or cancellation of my application, downgrading or removal of my application from the eligibility list, loss of seniority, or withdrawal of a housing offer.

Signature: ______________________________ Date : _____ / _____ / _____
YY MM DD