



Office municipal
d'habitation
de Montréal

LOW-RENT HOUSING APPLICATION

Signing up for the OMHM's waiting lists for low-rent housing or a rent subsidy (PSL)

MAKE SURE YOUR APPLICATION WILL BE PROCESSED:

- ✓ Make sure you are eligible before filling out the form.
Read the leaflet *Living in subsidized housing in Montreal*
- ✓ Fill out all the sections, from 1 to 13
- ✓ Sign the form at section 15
- ✓ Include **copies** of the following documents:
 - your latest provincial detailed **notice of assessment** OR last year's tax return to Revenu Québec
 - last year's **tax statements** (Relevé 1, relevé 5, T4, etc.)
 - **lease** AND notice of rent increase
 - proof of school attendance for all members of your household who are 18 years and over and who are still in school
 - all other documents requested in sections 7, 9, 10 and 12
- ✓ Send all documents by mail or bring them in person to Service d'accueil des demandes de logement et de référence
415, rue St-Antoine Ouest, bureau 202,
Montréal (Québec) H2Z 1H8
- ✓ For further information:
 - Telephone: 514-868-5588, option 3
 - OMHM website: www.omhm.qc.ca/en/

PLEASE NOTE: This form will be returned to you, without being processed, if a section is incomplete or if a document is missing.

SECTION D _____
RÉSERVÉE M _____
À L'OMHM

1 APPLICANT

Last name: _____ First name: _____
Date of birth: ___ / ___ / ___ Sex: F M Language: French English

2 CURRENT ADDRESS

Street no. and name _____
Apt.: _____ City _____ Postal code _____
Telephone at home: _____ - _____ Cell: _____ - _____ Work: _____ - _____ Extension _____
Email: _____ Social Insurance Number (optional): _____
Since when do you live at this address? ___ / ___ / ___ (if you have lived at this address for less than 2 years, complete section 3)

3 PREVIOUS ADDRESSES (if you have lived at your current address for less than 2 years, complete this section)

_____	_____	_____	From ___ / ___ / ___ to ___ / ___ / ___
Address	City	Postal code	YY MM DD YY MM DD
_____	_____	_____	From ___ / ___ / ___ to ___ / ___ / ___
Address	City	Postal code	YY MM DD YY MM DD

4 CONTACTS

Indicate the last name and first name of two people who speak French or English and whom we can contact in case you can not be reached

_____	_____	_____
Last name and first name	Tel.	Relationship to you
_____	_____	_____
Last name and first name	Tel.	Relationship to you

5 MEMBERS OF YOUR HOUSEHOLD (People to be included in your application)

A. APPLICANT LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			APPLICANT	
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

B. SPOUSE LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			SPOUSE	
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

C. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			RELATIONSHIP TO YOU
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

D. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			RELATIONSHIP TO YOU
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

E. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			RELATIONSHIP TO YOU
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

F. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			RELATIONSHIP TO YOU
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

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

G. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		RELATIONSHIP TO YOU	
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

H. OTHER HOUSEHOLD MEMBER LAST NAME (at birth)		FIRST NAME		DATE OF BIRTH YY MM DD		
SEX <input type="checkbox"/> F <input type="checkbox"/> M	AGE	SHARED CUSTODY* %	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		RELATIONSHIP TO YOU	
FULL-TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	CANADIAN CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMANENT RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	BORN IN CANADA YES <input type="checkbox"/> IF NOT, COUNTRY OF ORIGIN _____		DATE OF ARRIVAL IN CANADA YY MM DD	

6 DO OTHER PEOPLE LIVE WITH YOU RIGHT NOW, BUT ARE NOT LISTED IN SECTION 5?
 YES NO

If YES, specify: _____
 (last name, first name and relationship to you)

7 CURRENT TYPE OF HOUSING

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

FILL IN THE SECTION THAT APPLIES TO YOU:

<p>TENANT <input type="checkbox"/></p> <ul style="list-style-type: none"> - Number of rooms? _____ - Monthly rent as per lease: _____ \$ <i>Check included services</i> <input type="checkbox"/> Heating <input type="checkbox"/> Hot water <input type="checkbox"/> Electricity <input type="checkbox"/> Other (specify): _____ - Do you have a co-tenant YES <input type="checkbox"/> NO <input type="checkbox"/> (other than the people listed in section 5) - How much does the co-tenant pay per month? _____ \$ 	<p>BOARDER <input type="checkbox"/></p> <ul style="list-style-type: none"> - In the home of a family member or a friend <input type="checkbox"/> - In a boarding house <input type="checkbox"/> - In a residence with services <input type="checkbox"/> - Other (specify) _____ <input type="checkbox"/> - Monthly cost of your room _____ \$ 	<p>HOME OWNER <input type="checkbox"/></p> <ul style="list-style-type: none"> - Number of rooms? _____ - Property assessment** _____ \$ - Mortgage balance** _____ \$ - Mortgage payment including taxes** _____ \$ - If you rent one or more rooms, how much do you receive per month? _____ \$ <p style="text-align: right; font-size: small;">**Include copies of supporting documents</p>
--	---	---

8 HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER LIVED IN SUBSIDIZED HOUSING BEFORE (LOW-RENT, PSL, etc.)? YES NO

If YES, please indicate the last name and first name of the person: _____

Address of housing: _____

Date of departure: ____ / ____ / ____ Reason for departure: _____
 YY MM DD

HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD:

ever been evicted from subsidized housing? YES <input type="checkbox"/> NO <input type="checkbox"/>	ever left subsidized housing without informing the landlord? YES <input type="checkbox"/> NO <input type="checkbox"/>	a debt towards the landlord of subsidized housing? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

9 FOR EACH MEMBER OF YOUR HOUSEHOLD, INDICATE ALL OF LAST YEAR'S SOURCES OF INCOME

	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER
			_____ Last name and first name	_____ Last name and first name
Employment income	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Social welfare	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Old-age pension	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Québec pension plan	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Other pensions	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Employment insurance	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
CSST	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
SAAQ	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Alimony received	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Student scholarship	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Investment income	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$
Other income (specify)	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$	_____ . ____ \$

Include copies of supporting documents for each income.

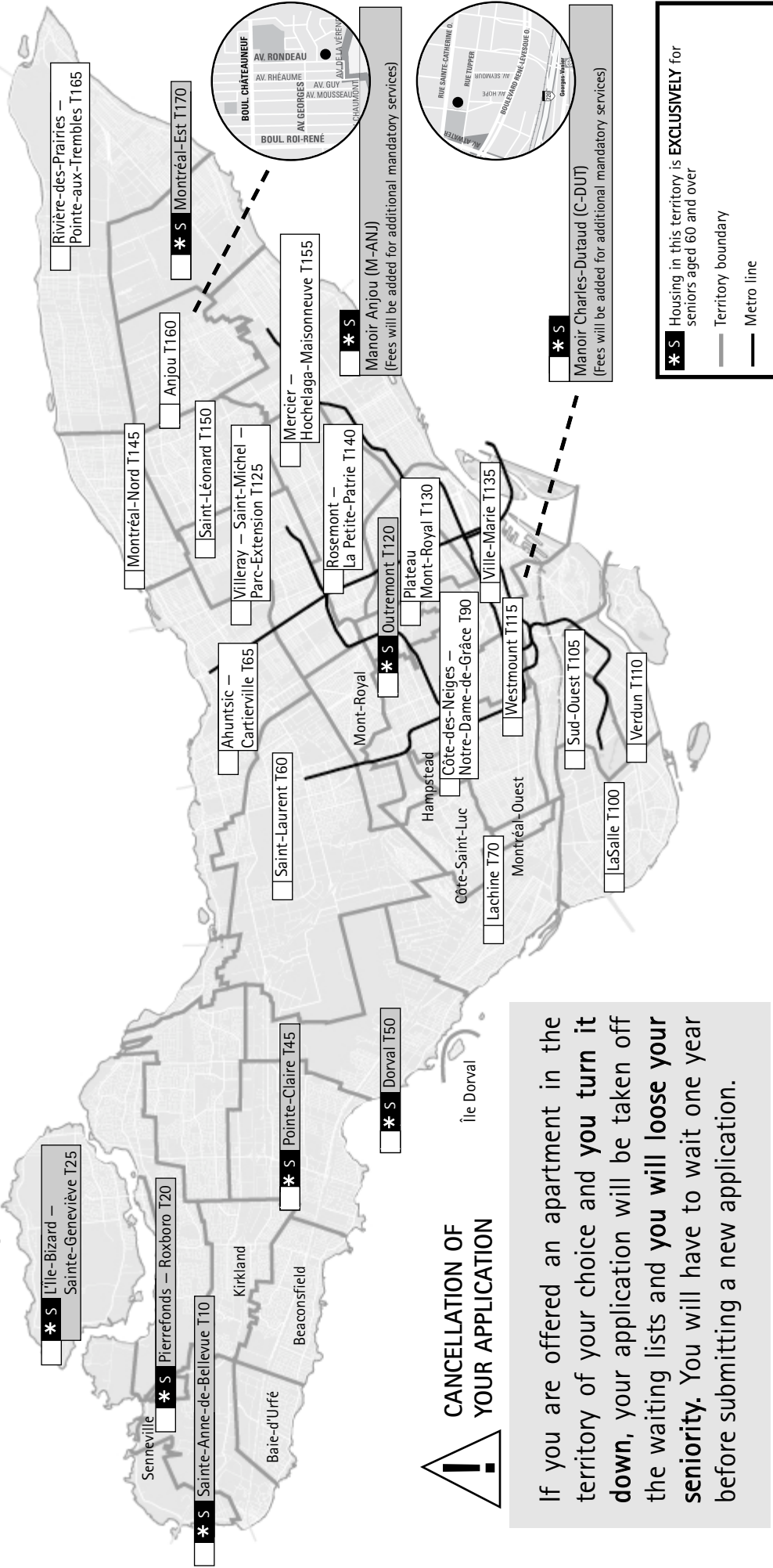
10 INDICATE ANY ASSETS YOU OR A HOUSEHOLD MEMBER HAVE, AS WELL AS THEIR MARKET VALUE

	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER
			_____ Last name and first name	_____ Last name and first name
Bank accounts	_____ \$	_____ \$	_____ \$	_____ \$
RRSP/RRIF	_____ \$	_____ \$	_____ \$	_____ \$
Savings bonds	_____ \$	_____ \$	_____ \$	_____ \$
Term deposits	_____ \$	_____ \$	_____ \$	_____ \$
Stocks	_____ \$	_____ \$	_____ \$	_____ \$
Other investments	_____ \$	_____ \$	_____ \$	_____ \$
Car				
Model	_____	_____	_____	_____
Year	_____	_____	_____	_____
House, cottage	_____ \$	_____ \$	_____ \$	_____ \$
Other assets (excluding home furnishings)	_____ \$	_____ \$	_____ \$	_____ \$

Include copies of supporting documents for each asset.

INDICATE YOUR TERRITORY CHOICES

This map shows the territories where the OMHM's low-rent housing units and other subsidized apartments are located. Indicate with a check mark up to 2 territories (including, if you wish to do so, the territory where you currently live).



⚠️ CANCELLATION OF YOUR APPLICATION

If you are offered an apartment in the territory of your choice and you turn it down, your application will be taken off the waiting lists and you will lose your seniority. You will have to wait one year before submitting a new application.

Would you be interested in receiving a rent subsidy allowing you to stay in your current apartment?
 YES NO (Several conditions apply)
 If YES, your interest will be noted in your file.

If you live alone, would you accept to live in a studio apartment?
 YES NO

*** S** Housing in this territory is **EXCLUSIVELY** for seniors aged 60 and over

— Territory boundary

— Metro line

For further information on the location of our low-rent housing projects, consult the OMHM's website at www.omhm.qc.ca/en/housing

11 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 daily hours of care does this member of your household receive at home? _____

If you obtain a low-rent housing unit or PSL unit, will this member of your household live with you? YES NO

If YES, be sure to list this member of your household in section 5.

12 INFORMATION ON PEOPLE LIVING WITH A DISABILITY

Does a member of your household have a significant and persistent physical locomotor disability? YES NO

If YES, indicate the name of this person: _____

If YES, include a copy of the medical prescription and detailed occupational therapist's report.

Does this person use a wheelchair permanently? YES NO

If NO, does this person use a cane, walker, three-wheel scooter or other type of aid? Specify: _____

Please check if this person:

- needs help entering and exiting the building (because there is no access ramp or because the building's outdoor layout doesn't allow for easy access)? YES NO
- needs help entering or exiting the apartment? YES NO
- has trouble getting around the apartment? YES NO

How many steps does this person need to climb up or down to enter your apartment? _____

13 ADDITIONAL INFORMATION

If the OMHM offered you an apartment where smoking is prohibited, would you accept to live there? YES NO

Do you own any pets? YES NO

If YES, indicate how many _____ cat(s) _____ dog(s) _____ others, specify: _____

14 YOUR COMMENTS (optional)

15 DECLARATION OF THE APPLICANT

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 recognize that any false or incomplete statement made in this form or with regards to any included document could result in one or several of these consequences for my application: rejection, cancellation, downgrading, withdrawal from eligibility lists, loss of initial seniority or withdrawal of a housing offer.

Signature: _____

Date: ____ / ____ / ____
YY MM DD