



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:

- 3 Make sure you are eligible before filling out the form.
Read the leaflet *Living in subsidized housing in Montreal*
- 3 Fill out all the sections, from 1 to 13
- 3 Sign the form at section 15
- 3 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
- 3 Send all documents by mail or bring them in person to
Service d'accueil des demandes de logement
et de référence
400, boulevard Rosemont
Montréal (Québec) H2S 0A2
- 3 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 À L'OMHM M _____

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)

| | | | |
|---------------|------------|-------------------|---|
| Address _____ | City _____ | Postal code _____ | From ____ / ____ / ____ to ____ / ____ / ____ |
| | | | YY MM DD YY MM DD |
| Address _____ | City _____ | Postal code _____ | From ____ / ____ / ____ to ____ / ____ / ____ |
| | | | 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 | | RELATIONSHIP TO YOU 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 | | |

| | | | | | | | | |
|---|-----|--|---|--|--|--|--|---|
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | |
| FILL IN THE SECTION THAT APPLIES TO YOU: | |
| TENANT <input type="checkbox"/> - 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? _____ \$ | BOARDER <input type="checkbox"/> - 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 _____ \$ |
| HOME OWNER <input type="checkbox"/> - 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? _____ \$ **Include copies of supporting documents | |

| | |
|--|---|
| 8 | HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER LIVED IN SUBSIDIZED HOUSING BEFORE (LOW-RENT, PSL, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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.

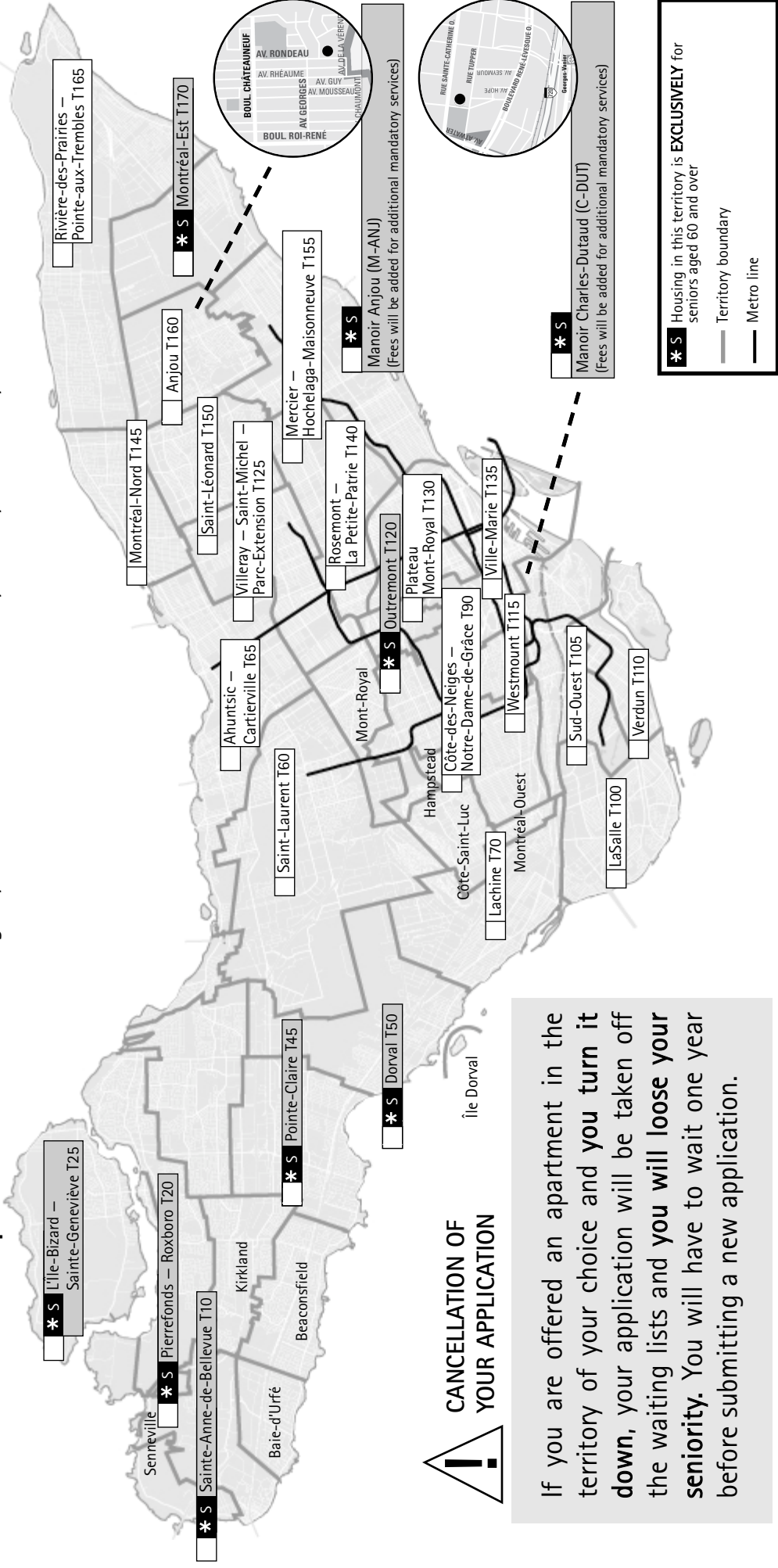
10 INDICATE ANY ASSETS YOU OR A HOUSEHOLD MEMBER HAVE, AS WELL AS THEIR MARKET VALUE

| | 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).



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 ☐

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