

DEM-01 Low-Rental Housing Application

(The shaded areas are reserved for the organization's use)

SUCCURSALES

Rouyn-Noranda 209, 9 ^e Rue J9X 2C1 O (819) 797-3902 F (819) 764-6349 rouynnoranda@waskahegen.com	Val-d'Or 847, 3 ^e av. Suite 201, J9P 1T2 O (819) 874-7808 F (819) 874-5142 valdor@waskahegen.com	Maniwaki 125, rue Laurier J9E 2K5 O (819) 449-6403 F (819) 449-0084 maniwaki@waskahegen.com	Mansfield 213, rue Héroult J0X 1R0 O (819) 683-3757 F (819) 683-1380 mansfield@waskahegen.com	Québec 1675, ch. Ste-Foy 3 ^e étage, G1S 2P7 O (418) 626-7578 F (418) 626-2725 quebec@waskahegen.com	Montréal 3455, rue Robert- Chevalier, Ptes-aux-Trembles bur. 218, H1A 3R7 O (514) 527-4884 F (514) 527-3916 montreal@waskahegen.com	Dolbeau-Mistassini 112, av. de l'Église, #131, G8L 4W4 O (418) 276-5901 F (418) 239-0287 dolbeaumistassini@waskahegen.com	Mont-Joli 1655, Jacques- Cartier, G5H 2W4 O (418) 775-2239 F (418) 775-4215 montjoli@waskahegen.com	Sept-Îles 476, place du Commerce, G4R 2Z5 O (418) 962-9478 F (418) 962-9861 septiles@waskahegen.com	Baie-Comeau 235, boul. Lasalle #100, G4Z 2Z4 O (418) 294-2259 F (418) 296-2232 baiecomeau@waskahegen.com
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Reserved for the organization	File number	Household number
	-	-

IDENTIFICATION OF THE APPLICANT (Sec. 11 and 16)

Applicant's last and first name Area code () Telephone no. -

Last and first name of person to contact if applicant cannot be reached Area code () Telephone no. -

Email address

Current address and addresses for all apartments you lived in over the last 24 months in the province of Quebec preceding your application.

Address (Please provide a proof of residence)	Postal code	Time lived there (years/months)
		/
Previous address	Postal code	Time lived there (years/months)
		/

If you are not applying for low-rental housing, sign here and do not complete the following sections.

Signature of applicant: _____ Date: _____

1. Are you a Canadian citizen or permanent resident? Yes No

2. Is the applicant or a member of the household, member of the NAQ? Yes No

3. If yes, is he or she an active member? Yes No

Certified by: _____ Position: _____

4. Have you or a member of your household ever:

- been evicted from a low-rental housing apartment? Yes No
- left a low-rental housing apartment without notifying the landlord? Yes No
- owe money to a low-rental housing landlord? Yes No

AUTONOMY INFORMATION (Sec. 11 and 14)

1. Are you self-sufficient (i.e. able to take care of your essential needs, in particular those needs related to personal care and ordinary household tasks without assistance)? If not, please complete and sign the appendix "Autonomy Survey". Yes No

2. Are you self-sufficient **with outside assistance**? If yes, please complete and sign the "Autonomy Survey" appendix enclosed with this application. Yes No

3. A member of your household has a disability resulting in housing accessibility difficulties (wheelchair, walker, etc.)? If yes, complete and sign the "Autonomy Survey". Yes No

4. A member of your household has a disability that requires having to live with a caregiver? If so, please complete and sign the "Autonomy Survey". Yes No

AREA CHOICE (Sec. 11.9)

If applicable to your application, please choose from the list provided by the organization.

Indicate the cities of your choice: _____

HOUSEHOLD COMPOSITION (Sec. 11)

Total number of household members			Number of bedrooms in the housing you currently occupy							
Telephone number of head of household			Area code ()		Telephone no. -					
Occupant	Last and first names of the applicant and all members of the household, including the name of the caregiver* if applicable	Date of Birth (year/month/day)	Age	Gender	Relationship with the applicant or spouse	% of custody time**	Social Insurance Number	Disabled (yes/no)	Full-time student (yes/no)	Pregnant *** (yes/no)
A		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			
B		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			
C		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			
D		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			
E		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			
F		/ /		<input type="checkbox"/> M <input type="checkbox"/> F			- -			

*Caregiver: Please complete the table above. If applicable, enter "caregiver" in the "relationship" column.

In shared custody cases, please indicate the time of custody **percentage for each child and please provide a copy of the judgement that you have legal custody or your child or children.

***If you are pregnant, please provide medical proof.

E

INCOME (for the calendar year preceding the application date) (Sec. 27)		Year					
Indicate the annual income for each member of your household, including the caregiver's income if applicable. Please include the supporting documentation.		A	B	C	D	E	F
Employment income		\$	\$	\$	\$	\$	\$
Unemployment insurance		\$	\$	\$	\$	\$	\$
Emploi-Québec (training)**		\$	\$	\$	\$	\$	\$
Social assistance * ***		\$	\$	\$	\$	\$	\$
Old Age Pension		\$	\$	\$	\$	\$	\$
Régie des rentes		\$	\$	\$	\$	\$	\$
Other pensions		\$	\$	\$	\$	\$	\$
Interest and investments		\$	\$	\$	\$	\$	\$
CSST		\$	\$	\$	\$	\$	\$
SAAQ		\$	\$	\$	\$	\$	\$
Alimony or child support received		\$	\$	\$	\$	\$	\$
Support received for ex-spouse		\$	\$	\$	\$	\$	\$
Other income (specify)		\$	\$	\$	\$	\$	\$
Partial individual total:		\$	\$	\$	\$	\$	\$
PARTIAL TOTAL OF THE HOUSEHOLD INCOME		\$					

* Social assistance paid in accordance with the articles 74 to 78 and 204 of the Individual and Family Assistance Regulation for any adult dependent child who is enrolled in a scholar establishment (Art. 2.7 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing).
 ** The additional amounts paid by Emploi-Québec as part of the application of Emploi-Québec active measures funded by the Labour market development funds (Sec. 2.11) and the employment assistance allocations paid in the course of a calendar year to a person participating in Emploi-Québec active measures are excluded from the income calculation up to \$1,560 per person (Sec. 2.13 of the *By-law respecting the conditions for the leasing of dwellings in low-rental housing*).
 *** If you receive social assistance, we need the form «Authorization to disclose personal information» completed by your agent and send it with your documents.

F

HOUSEHOLD PROPERTY (Sec. 11 and 16 if the landlord has adopted a by-law to that effect)

Indicate the market value of the property currently in your possession as well as the property owned by your household:

1- LIQUID ASSETS: _____ \$
 (including capital and various investments)
 (Document to be provided: investment statement and bank statement)

2- IMMOVABLE PROPERTY: _____ \$
 (property)
 (Document to provide: municipal tax account for each property and recent statement of mortgage or loan)

3- VEHICLE: _____ \$
 (Brand, model and year)

4- OTHER ASSETS: _____ \$
 (excluding furnishings)
 Detail below:

TOTAL VALUE OF PROPERTY OWNED = _____ \$
 (Add the amounts from 1 to 4)

The assets listed below are not taken into consideration when establishing the total value of your assets and those of your household:

- all furnishings and items for domestic use;
- books, instruments and tools needed for a job, trade or art;
- the value of pension credits that have been accumulated as part of a pension plan other than the plan implemented by the *Act respecting the Québec Pension Plan* (RSQ, c. R-9) or an equivalent plan under this act as well as the amounts accumulated with interest as a result of the beneficiary's participation in another retirement savings plan which under this plan, the savings instrument or the act cannot be returned to the participant before the age of retirement;
- the property owned by a dependent child if it is being managed by a guardian, an estate liquidator or trustee before the account reporting is completed;
- property acquired by the dependent child through his/her personal work;
- the equipment adapted to the needs of an adult or dependent child who has functional limitations, including a vehicle adapted for transportation that is not used for commercial purposes;
- the value of a pre-arranged funeral services contract and a pre-purchased burial contract while these contracts are in effect;
- the amounts accumulated in a registered disability savings plan, including amounts paid in the form of Canada Disability Savings Bonds or Canada Disability Savings Grants, for a single adult or a member of the family which cannot be accessed in the short term, in accordance with the rules applicable to this plan.

G

ANIMALS

How many animals are living with your household

*Please note that upon your arrival in one of Habitat Métis du Nord's apartment, you are not allowed to have more than one animal in your possession and you will have to follow the regulations in place.

H

APPLICANT'S COMMENTS

NOTICE to all applicants – All false or misleading declaration contained in this application or any other documents attached, as the case may be, could lead to the removal from the admissibility list, refusal to grant a low rental housing, the change in rental conditions or the eviction of the apartment.

DECLARATION

I declare that all the information provided in this appendix is accurate and complete. I understand that any erroneous information could **result in one of the following consequences: removal from the eligibility list, refusal of low rental housing, change in rental conditions or eviction from the apartment.**

I hereby give consent for all personal information gathered by the Société d'habitation du Québec in this appendix and that is needed to study this request be sent to partners of the Société d'habitation du Québec who will process the file.

Applicant's signature	Date	Signature of the person responsible for the organization	Date

TO BE COMPLETED BY THE ORGANIZATION

IDENTIFICATION OF THE ORGANIZATION

Organization	Area code ()	Telephone no. -
Number	Street	Municipality
Postal code		

APPLICATION ACCEPTABILITY (Sec. 11 to 13)

- 1- Did the applicant provide all the required information? Yes No
- 2- Did the applicant provide all the documents required to complete the application? Yes No
- 3- Did the applicant provide proof of income for all members of the household, including the caregiver, if applicable? Yes No
- 4- Is the application acceptable? Yes No
- 5- If not, specify the reasons in Section N, File Summary.

APPLICATION ELIGIBILITY (Sec. 14 to 16)

	Yes	No	Not applicable
1- Is the applicant a Quebec resident?	<input type="checkbox"/>	<input type="checkbox"/>	
2- Has the applicant lived in Quebec for at least 12 months over the 24 months prior to the application?	<input type="checkbox"/>	<input type="checkbox"/>	
3- Has the applicant lived in the organization's selection territory for at least 12 months over the 24 months prior to the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This question is only applicable if the organization has a by-law to that effect (sec. 14.4)			
This question does not apply to victims of domestic violence or to households with a disabled person who, as a result of motor disability, may have difficulty accessing a dwelling or moving around inside it.			
4- Is the applicant a Canadian citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	
5- Is the applicant and members of his/her household have the appropriate age as determined by the organization or by the <i>By-law respecting the allocation of dwellings in low rental housing for the housing category</i> applied for in this application? (Sec. 2, 3, 4, 5 and 17)	<input type="checkbox"/>	<input type="checkbox"/>	
6- Does the household's income respect the core needs threshold? (Sec. 14.5)	<input type="checkbox"/>	<input type="checkbox"/>	
7- Does the value of household property respect the maximum determined by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	
This question is only applicable if the organization has set a maximum through a by-law. (Sec. 16.5).			
8- Can the applicant meet his/her daily needs independently or does the applicant have the necessary support? See the "Autonomy Survey". (Sec. 14.2)	<input type="checkbox"/>	<input type="checkbox"/>	
9- If the applicant or a member of his/her household is a former tenant in an affordable housing dwelling, would their history allow them to be eligible under subsections 1, 2, 3 and 4 of Sec. 16 of the allocation by-law (eviction, abandonment or non-discharged debt)? (Sec. 16.1, 16.2, 16.3 and 16.4)	<input type="checkbox"/>	<input type="checkbox"/>	
10- If the applicant is a full-time student, does he/she live with a dependent child or does he/she live in a marital relationship with a person who has a dependent child? (Sec. 16.6)	<input type="checkbox"/>	<input type="checkbox"/>	
11- If the applicant is pregnant, is she 20 weeks pregnant or more? (Sec. 16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12- If the applicant is severely limited in his/her capacity for employment under the <i>Individual and Family Assistance Act</i> (R. S. Q., c. A-13.1.1), is he/she participating in a measure or social assistance or accompaniment program included in this act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13- Question for housing cooperatives and NPOs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant meet the eligibility criteria listed in the organization's incorporating document or by-laws? Please complete the sheet in the appendix. (Sec. 14)			

Priority, if applicable. (Sec. 23 to 26) (Please provide the required documents)

- | | |
|---|--|
| <input type="checkbox"/> The person's lease was terminated under Sec. 1974.1 of the Civil Code or the person is the victim of domestic violence.
<input type="checkbox"/> The household suffered a disaster.
Enter date of disaster (year/month/day).
/ /
<input type="checkbox"/> The household was evicted by a public organization under a public program.
Enter the departure date (year/month/day). / / | <input type="checkbox"/> The household is already living in a low-rental housing apartment and must be relocated for health and safety reasons.
<input type="checkbox"/> The applicant would like to receive the rent supplement managed by the coop or the NPO where he/she currently lives.
<input type="checkbox"/> The organization has decided to relocate the household under Sec. 1990 of the Civil Code (appropriate housing category and sub-category) or has identified by by-law other types of relocation as being a priority. |
|---|--|

WEIGHTING

<p>Which income appendix should be referred to for this household? Appendix number:</p> <p>Housing category: (A, B or C)</p> <p>Region in question: (Region number and name)</p> <p>City or municipality:</p> <p>Number of people:</p> <input type="checkbox"/> 1 person or couple <input type="checkbox"/> 2 or 3 people (with the exception of a couple) <input type="checkbox"/> 4 or 5 people <input type="checkbox"/> Six people or more	<table border="0"> <tr> <td>PARTIAL TOTAL OF HOUSEHOLD INCOME (including the caregiver's income) - Minus (deduct with supporting documentation)</td> <td style="text-align: right;">=</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Alimony or child support paid</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Exclusion of child support payments of up to \$350.00 / month per child</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Hospitalization fees paid</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Accommodation fees paid</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Total deductions</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>ANNUAL HOUSEHOLD INCOME</td> <td style="text-align: right;">=</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MONTHLY HOUSEHOLD TOTAL INCOME</td> <td style="text-align: right;">=</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"> (= annual income ÷ 12)</td> </tr> <tr> <td>WEIGHTING OF INCOME CONSIDERED The weighting is done based on the appendix number on the left (make sure to use the right appendix based on the region, number of people in the household and the year).</td> <td style="text-align: right;">(E)</td> <td></td> </tr> </table>	PARTIAL TOTAL OF HOUSEHOLD INCOME (including the caregiver's income) - Minus (deduct with supporting documentation)	=	\$	Alimony or child support paid		\$	Exclusion of child support payments of up to \$350.00 / month per child		\$	Hospitalization fees paid		\$	Accommodation fees paid		\$	Total deductions		\$	ANNUAL HOUSEHOLD INCOME	=	\$	MONTHLY HOUSEHOLD TOTAL INCOME	=	\$	(= annual income ÷ 12)			WEIGHTING OF INCOME CONSIDERED The weighting is done based on the appendix number on the left (make sure to use the right appendix based on the region, number of people in the household and the year).	(E)	
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M1	SENIORITY OF APPLICATION (two points per year for a maximum of 6 points)		
	Please indicate the number of points to which the applicant is entitled based on the date the <i>Application for low rental housing</i> was submitted.		
M2	MINOR CHILDREN (one point per minor child under the custody of the applicant at least 40% of the time)		

	LOCAL CRITERIA (3rd paragraph of Sec. 27)		
	Applies solely if the landlord planned to allocate additional points by local by-law to an applicant for one or more of the four situations below. Please check off the corresponding boxes and enter the number of points to be allocated:		Points (0 to 5)
	<input type="checkbox"/> Disabled person; (not applicable) <input type="checkbox"/> Damaging environment; <input type="checkbox"/> Social harmony; (not applicable) <input type="checkbox"/> Disabled person who lives in the landlord's territory (the building in question contains only category C dwellings). (not applicable)		
M3	TOTAL WEIGHTING FOR LOCAL CRITERIA (The total points to be allocated for all situations described above must not exceed 5.)		

M4	FACTORS UNIQUE TO THE ORGANIZATION (Sec. 28) (RESERVED FOR COOPS AND NPOs)		
	Based on the by-law adopted by the organization, please indicate the criteria and the number of points to which the applicant is entitled to, based on the criteria specific to the organization. Please include the sheet from the appendix.		

FILE SUMMARY		
Date application was received (year/month/day) / /	Date application was renewed (year/month/day) / /	WEIGHTING (points)
Grounds for non-acceptability or priority of the application		M1 Application seniority
Number of minor children		M2 Minor Children
Number of disabled persons		M3 Local criteria
Housing category and sub-category (sec. 1 to 8)		M4 Factors unique to the organization
Category	Sub-category	TOTAL WEIGHTING
<input type="checkbox"/> A (senior)	<input type="checkbox"/> Disabled person	
<input type="checkbox"/> B (family)	<input type="checkbox"/> Room	
<input type="checkbox"/> C (spec. housing)	<input type="checkbox"/> Studio	
	<input type="checkbox"/> Bedroom	

ADDITIONAL COMMENTS FROM THE ORGANIZATION