

**SUBTOTAL –
HOUSEHOLD INCOME**

* Social assistance benefits paid pursuant to sections 74 to 78 and 204 of the Individual and Family Assistance Regulation for every dependent child of full age attending an educational institution (s. 2.7 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)
** Supplementary expenses paid by Emploi-Québec within the scope of the terms and conditions for the application of active measures by Emploi-Québec, financed out of the Labour Market Development fund (s. 2.11), and employment assistance allowances paid during a calendar year to a person participating in Emploi-Québec active employment measures, up to a maximum amount of \$1,560 per person (s. 2.13 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)

F PROPERTY OWNED BY THE HOUSEHOLD (ss. 11 and 16 if the landlord has adopted a rule to this effect)

Indicate the market value of property that **currently** belongs to you or your household:

- 1- LIQUID ASSETS + \$
(including capital and various investments)
- 2- IMMOVABLE PROPERTY +\$
(real estate)
- 3- OTHER PROPERTY + \$
(excluding furniture)

TOTAL VALUE OF GOODS OWNED
= !Signet \$
(Add 1, 2 and 3)

The property listed below is not considered when calculating the total value of the property belonging to you and your household:

- all furniture and household effects;
- the books, instruments and tools required for the purposes of employment or to practice a trade or an art;
- the value of pension credits accumulated as a result of membership in a pension plan other than the plan established by the Act respecting the Québec Pension Plan (R.S.Q., c. R-9) or an equivalent plan within the meaning of the said Act, or amounts accumulated, with interest, as a result of the beneficiary's participation in another retirement savings instrument which, pursuant to the plan, savings instrument or law, cannot be returned to the participant before he or she reaches the age of retirement;
- property owned by a dependent child, provided it is managed by a tutor, testamentary liquidator or trustee, before the report is submitted;
- property that a dependent child has acquired through his or her personal effort;
- equipment adapted to the needs of an adult or dependent child with functional limitations, including an adapted vehicle that is used for transportation but not for commercial purposes;
- the value of a prearranged funeral services contract or prearranged burial plan, where such contracts are in force;
- amounts accumulated in a registered disability savings plan, including those paid in the form of Canada disability savings bonds or Canadian disability savings grants, for the benefit of the adult alone or of a member of the family, which the person in question cannot access in the short term, according to the rules governing the plan.

G APPLICANT'S COMMENTS

H STATISTICAL INFORMATION ON THE APPLICANT (OPTIONAL QUESTIONS)

The purpose of this section is to allow the Société d'habitation du Québec to carry out the analyses, studies and research required to plan its activities and improve its programs and services. All responses to these questions will remain strictly confidential and will not be combined with any nominative information that would allow the individual or household to be identified.

What language do you use at home? If more than one, please specify. French English Other

What language do you use outside the home? If more than one, please specify. French English Other

Were you born in Canada? Yes No

If you answered **NO** to this question, please answer the following questions:

In which country were you born?

In which region were you born?

In which year did you obtain the right to reside in Canada?

In which immigration category were you when you first arrived in Canada?

When you arrived in Canada, did you have a sponsor or guarantor? Yes No

If yes, when did the undertaking made by your sponsor or guarantor end, or when will it end? day / month / year

Are you a Canadian citizen? Yes No

NOTICE to all applicants – Any false or misleading statements in this application or in any document attached thereto may result in removal of the applicant's name from the eligibility list, refusal to grant low-rental housing, a change in rental conditions, or eviction from the dwelling.

ATTESTATION

I certify that the above information is true and complete.

I authorize the organization to perform any verification it deems appropriate. It is understood that the information given is confidential and will be used only for the needs of the organization and of the Société d'habitation du Québec.

Applicant's signature

Date

Signature of organization officer

Date

TO BE COMPLETED BY THE ORGANIZATION

ORGANIZATION'S IDENTITY

Organization		Reg. Code ()	Telephone No. -
Number	Street	Municipality	Postal Code

ADMISSIBILITY OF THE APPLICATION (Ss. 11 to 13)

1- Has the applicant provided all the necessary information? Yes No

2- Has the applicant enclosed all the documentation required to complete the application? Yes No

3- Has the applicant enclosed proof of income for all members of the household, including the caregiver where applicable? Yes No

4- Is the application admissible? Yes No

5- If not, please state the reasons in Section N, File Summary.

ELIGIBILITY OF THE APPLICATION (Ss. 14 to 16)

	Yes	No	Not applicable
1- Does the applicant reside in Québec?	<input type="checkbox"/>	<input type="checkbox"/>	
2- Did the applicant reside in Québec for at least 12 months in the 24 months preceding the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- Did the applicant reside in the organization's selection area for at least 12 months in the 24 months preceding the application? This question applies only if the organization has adopted a rule to that effect (s. 14.4) This question does not apply to domestic violence victims or to households that include a handicapped member.	<input type="checkbox"/>	<input type="checkbox"/>	
4- Is the applicant a Canadian citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	
5- Are the applicant and household members of the age established by the organization or in the By-law respecting the conditions for the leasing of dwellings in low-rental housing, for the category of dwelling to which the application applies? (Ss. 2, 3, 4, 5 and 17)	<input type="checkbox"/>	<input type="checkbox"/>	
6- Does the household's income meet the Core Housing Need threshold? (s. 14.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7- Does the value of the household's property fall within the maximum amount set by the organization? This question applies only if the organization has set a maximum amount in a by-law. (s. 16.5)	<input type="checkbox"/>	<input type="checkbox"/>	
8- Is the applicant able to take care of his or her essential needs independently, or if not, does he or she have the necessary help? See the attached "Independence Questionnaire". (s. 14.2)	<input type="checkbox"/>	<input type="checkbox"/>	
9- If the applicant or a member of the applicant's household is a former low-rental housing tenant, is their past history such that they are eligible pursuant to subparagraphs 1, 2, 3 and 4 of section 16 of the By-law respecting the allocation of dwellings in low-rental housing (eviction, abandonment or a debt that has not been extinguished)? (ss. 16.1, 16.2, 16.3 and 16.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10- If the applicant is a full-time student, does he or she live with a dependent child or live as though married with a person who lives with a dependent child? (s. 16.6)	<input type="checkbox"/>	<input type="checkbox"/>	
11- If the applicant is a full-time student and pregnant, is she 20 weeks pregnant or more? (s. 16)	<input type="checkbox"/>	<input type="checkbox"/>	
12- If the applicant's capacity for employment is severely limited within the meaning of the Individual and Family Assistance Act (R.S.Q., c. A-13.1.1), does he or she benefit from a measure or take part in a social assistance program pursuant to that Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13- Question reserved for housing cooperatives and non-profit organizations: Does the applicant meet the eligibility criteria set out in the organization's constituting act or by-law? Please attach the grid. (s. 14)			

Priority, where applicable. (ss. 23 to 26)

<input type="checkbox"/> The person's lease was cancelled pursuant to article 1974.1 of the Civil Code, or the person is a victim of domestic violence.	<input type="checkbox"/> The household already lives in low-rental housing and must be re-homed for reasons relating to health or safety.
<input type="checkbox"/> The household's dwelling has been destroyed by a disaster. Enter the date of the disaster (year/month/day).	<input type="checkbox"/> The applicant wishes to obtain the rent supplement managed by the cooperative or non-profit organization in which he or she already lives.
<input type="checkbox"/> The household was evicted by a public agency or as a consequence of a public program. Enter the departure date (year/month/day).	<input type="checkbox"/> The organization has decided to re-home the household pursuant to article 1990 of the Civil Code (appropriate category and sub-category of dwelling), or has identified, in a by-law, other types of re-homing as being priorities.

WEIGHTING

<p>Which income appendix applies to this household?</p> <p>Appendix no. :</p> <p>Dwelling category: (A, B or C)</p> <p>Region: (Region number and name)</p> <p>City or municipality:</p> <p>Number of people: <input type="checkbox"/> 1 person or a couple <input type="checkbox"/> 2 or 3 people (excluding couples)</p>	<p align="center">SUBTOTAL OF HOUSEHOLD'S INCOME = \$ 132 525 (including the caregiver's income if he or she is a household member)</p> <p>- Minus (deduct with proof)</p> <p>Support payments made \$</p> <p>Hospital fees paid \$</p> <p>Housing expenses paid \$</p> <p>Total deductions - \$0</p> <p>HOUSEHOLD'S ANNUAL INCOME = \$219 099</p> <p>HOUSEHOLD'S MONTHLY INCOME = \$30 182 (=annual income ÷12)</p>
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<input type="checkbox"/>	4 or 5 people	CONSIDERED INCOME WEIGHTING Weighting is based on the appendix number on the left (use the correct appendix for the region, number of people in the household, and year).	(E)	
<input type="checkbox"/>	Six people or more			
M1	INCOME WEIGHTING (Maximum of 6 points)			
	If the organization has adopted a by-law pursuant to the second paragraph of section 27 for a household composed of one person living alone, where that person is in one of the situations set out below, please check the corresponding box and enter 6 points in the income weighting. If not, enter the weighting according to the appendix, as indicated in section M.			
	<input type="checkbox"/> A person aged 65 or older whose income is ≤ OAP + GIS <input type="checkbox"/> A person who receives an allowance because his or her capacity for employment is severely limited pursuant to the Social Solidarity Program			
M2	APPLICATION SENIORITY (2 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 on which his or her <i>Low Rental Housing Application</i> was submitted.			

M3	MINOR CHILDREN (One point per minor child, where the applicant has custody for at least 40 % of the time)		!S
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	LOCAL CRITERIA (Subparagraph 3 of section 27)			
	Applies only where the landlord grants additional points by local by-law to applicants in one or more of the following four situations. Please check the appropriate boxes and enter the number of points:			Points (0 to 5)
	<input type="checkbox"/> handicapped person			
	<input type="checkbox"/> prejudicial environment			
	<input type="checkbox"/> social harmony			
	<input type="checkbox"/> handicapped person living within the landlord's territory (the immovable in question contains only Category C dwellings).			
M4	TOTAL DE WEIGHTING FOR LOCAL CRITERIA (The total number of points granted for all the situations described above must not exceed 5.)			!

M5	ORGANIZATION-SPECIFIC FACTORS (S. 28) (reserved for cooperatives and non-profit organizations)			
	Based on the by-law adopted by the organization, please indicate the criteria and number of points to which the applicant is entitled for the organization-specific criteria. Please attach the grid.			

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FILE SUMMARY			
Application received on (year/month/day)	Application renewed on (year/month/day)	WEIGHTING (points)	
Reasons for non-admissibility or reasons for priority		M1 Income weighting	!Si
		M2 Application seniority	!S
		M3 Minor children	!S
		M4 Local criteria	!S
		M5 Organization-specific factors	!S
Number of minor children		TOTAL WEIGHTING	!Si
Number of handicapped people			
Dwelling category and sub-category (ss. 1 to 8)	Category <input type="checkbox"/> Senior <input type="checkbox"/> Family <input type="checkbox"/> Spec. housing	Sub-category <input type="checkbox"/> Handicapped person <input type="checkbox"/> Room <input type="checkbox"/> Studio _ bedroom(s)	
Additional comments by the organization			

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ADDITIONAL COMMENTS BY THE ORGANIZATION