





Affordable Housing Application

File Number Household Number_

PROTECTION OF PERSONAL INFORMATION The information gathered by the Val-d'Or Native Friendship Center or by its partners is necessary to apply the Act respecting the Société d'habitation du Québec. the associated regulations and the programs it has adopted under them. This information will be processed in a confidential manner. The Val-d'Or Native Friendship Center will only allow its authorized personnel or its partners to have access to this information, and with some exceptions certain departments or organizations, in accordance with the Act respecting access to ducuments held by public bodies and the protection of personal information. This information may also be used for statistical, study or survey purposes. You have the right to access your personal information and have it rectified

A - APLICANT (Sec. 11 et 16)

First Name	Last	Name	() Phone N ^o	
Are you : O Inuit	○ Metis	\odot First Nation :		
Are you a Canadian c	itizen or permanent	tresident? : O Yes) No	
PERSON TO CO	ONTACT (if app	licant cannot be reache	d)	
First Name	Last Na	ame F) Phone N°	Relationship with the applicant

B - ADDRESS (Where you lived in the province of Quebec during the 24 months preceding your application)

Current address	PostalCode	Year / Month Time lived there
Previous address	PostalCode	Year / Month - Time lived there
Previous address	PostalCode	Year / Month • Time lived there
Previous address	PostalCode	Year / Month - Time lived there

C - INFORMATION Do you, or anyone in your household, have::

○ Yes ○ No Already been expelled from a low-rent housing?

- Yes No Already left a low-rent housing without notifying?
- Yes No A debt to a low-rent housing?

INFORMATION ON INDEPENDENCE (Sec. 11 and 14) (If you answered yes to any of the following questions, please complete and sign the "Independence Questionnaire" appendix.).

- (personal care, usual housework without help ...)
- Yes No Do you have a member who needs outside support help from or requires cohabitation with a caregiver?

○ Yes ○ No Do you or a member of your household have a disability that causes difficulties (wheelchair ...)

APPLICANT'S COMMENTS (Indicate why you are applying for housing)







D- HOUSEHOLD CO	MPOSITION (Sec. 11)* 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.

	FIRST AND LAST NAME	BIRTH	WITH THE APPLICANT		YES / NO
1-		//	 	 	WHERE?
2-		<u>//</u>	 	 	WHERE?
3-		//	 	 	WHERE?
4-		<u>//</u>	 	 	WHERE?
5-		<u>//</u>	 	 	WHERE?
6-		//	 	 	WHERE?

OCCUPANT :	1	2	3	4	5	6
Work income						
Emploi-Québec (training) *						
Social assistance**						
Employment insurance						
Old Age Pension						
Régie des rentes						
Other pensions						
Interest and investments						
CSST						
SAAQ						
Alimony received						
Other income (specify)						
Partial individual total :					ĺ	

F - STATISTICAL INFORMATION ON THE APPLICANT (OPTIONAL QUESTIONS)

The purpose of this section is to enable the Val-d'Or Native Friendship Center to conduct the necessary analyses, studies and searches in order to plan its activities as well as improve its programs and services. All anwers to these questions will remain strictly confidential and will never be matched to any information that would make it possible to identify individuals or households. If there is more than one, specify.

○ French ○ French

O English ○ Algonquin O English ○ Algonquin

Ο	Cree	
\cap	Croo	

O Other : O Other : Language used at home??

Language used outside home?

Witch Community are you and the members of your household from?

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 affordable housing, change in rental conditions or eviction from the dwelling. I hereby give consent for all personal information gathered by the Val-d'Or Native Friendship Center 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 representing the organization Date

* The additional amounts paid by Emploi-Québec as part of the application of Emploi-Québec active measures funded by the Fonds de développement du marché du travail (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). ** Adjustments to social benefits paid under sections 74 to 78 of the Individual and Family Assistance Regulation for any adult dependent child, in accordance with Sec. 204 of this Regulation, who is enrolled in a school (Sec. 2.7 of the By-law respecting the conditions for the leasing of the dwellings in low-rental housing) are excluded from income calculation.