

Habitat Morin-Heights, Morin-Heights

# **Housing Application Form**

## **Identification of the Tenant(s):**

Name:		First Name:		
Date of birth: Age:		Health insurance number:		
Email:				

Name:		First Name:		
Date of birth:	Age:	Health insurance number:		
Email:				

#### **Current Residency Information:**

Address of your residence (Street and housing nu	mber):			
City:	Postal Code :			
How long have you been living at this address?				
Phone Numbers:	Other Phone Numbers:			





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Person's status:					
Currently you are:	$\Box$ Landlord	□ Tenant			
<b>If you are curren</b> home?	tly a homeown □ Yes	<b>er</b> , do you need to sell your home before moving into your new $\Box$ No			
Emergency contact	t:				

Phone Number:

#### **Eligibility Criteria for Projects with Services:**

#### Please check the item(s) that apply to your current situation. My spouse or I or both:

 $\Box$  we are aged 75 and over, or with loss of autonomy (requires services such as supervision, meal preparation)

□ Have disabilities that interfere with domestic activities (buying food, preparing meals, doing laundry, etc.).

 $\Box$  We experience a feeling of insecurity that hinders our well-being (isolation, fear, constant need for support).

□ We have difficulty getting around (e.g., using a wheelchair).

□ Are interested in some self-help activities. Specify:

 $\hfill\square$  We are currently receiving home care. Specify:



Link:



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#### Availability of the person interested in occupying the accommodation:

When would you be ready to occupy the property: $\Box$ Immediately					ately			
	□ Starting at:							
Moving	period:							
	□ Weekdays			Weeke	ends			
Other in	formation:							
Do you	own a car?	Yes		No				
Do you	use a scooter?	Yes		No				
Do you	use a portable air conditioner?	Yes		No				
Signature:	re: Date:							
ſ								
	* Is your gross hou	sehold i	ncome	\$35.00	0/vear or less?			
	* Is your gross household income $35,000/year$ or less?							
	If yes, please complete the Application for Low-Rent Housing form.							
	Also, don't forget to complete the autonomy questionnaire							
	and provide your notice of assessment for 2023.							
	You can submit this docu	ment: ir	1 perso	n at Mo	rin-Heights City Hall;			
	By email at the following address: groupelogiloge@cgocable.ca							
	By mail: Groupe Logiloge, 3675 Chanoine-Moreau, Bur. 211							
	Trois-Rivières, Quebec G8Y 5M6							

