

## Affordable Housing Application

Reserved for the organization **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 documents 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 - APPLICANT (Sec. 11 et 16)

\_\_\_\_\_  
First Name Last Name (\_\_\_\_\_) Phone N° - \_\_\_\_\_

Are you :  Inuit  Metis  First Nation : \_\_\_\_\_

Are you a Canadian citizen or permanent resident? :  Yes  No

### PERSON TO CONTACT (if applicant cannot be reached)

\_\_\_\_\_  
First Name Last Name (\_\_\_\_\_) 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.)

Yes  No ⬅ Do you have a member of your household who is struggling to meet his or her basic needs alone?  
(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)

\_\_\_\_\_

