

6. Information on your level of independence

1. Do you have independent living skills (i.e. able to meet your own essential needs, especially those relating to personal care and ordinary household tasks, without outside assistance)? Yes No
2. Are you independent, but **with outside assistance**? If so, please complete and sign the “Independence Questionnaire” Yes No
3. Does any member of your household have a physical handicap that would make it difficult for him or her to access the dwelling (wheelchair, walking frame, etc.) Yes No
If YES, please complete the « Independence Questionnaire »**
4. Does any member of your household have diminishing independence or a physical handicap that requires him or her to live with a **caregiver** ? Yes No?

****Please contact us to obtain the form « Independence Questionnaire ».**

HOW TO ENSURE YOUR REQUEST IS TREATED PROMPTLY

1. ANSWER ALL QUESTIONS;
2. SIGN THE FORM;
3. PROVIDE COPIES OF ALL THE FOLLOWING DOCUMENTS
 - Detailed PROVINCIAL notice of assessment of the previous year or income tax return and tax records related thereto;
 - Photocopy of proof of school attendance (for those currently in school full time and 18 years and over);
 - Proof of residence in Sherbrooke (lease, notice of the rent increase, etc.) for at least 12 months over the period of the last 24 months
 - Housing selection form filled out and signed;
 - Solemn declaration on the value of your total belongings and properties.
 - Other relevant documents such as the Appendix on your independent status, the medical form or proof of custody of your children, if applicable.

IT IS IMPORTANT TO PROVIDE COPIES OF ALL THE DOCUMENTS AND TO SIGN THE FORM, OTHERWISE YOUR REQUEST WILL REMAIN INCOMPLETE AND WILL NOT BE TREATED.

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 or some other Housing organism.

Applicant’s signature: _____ Date _____

Signature of organization officer: _____ Date _____