Reserved for OMHS D_	
Reserved for OMHS M	



Low-rental Housing Application

1. Applicant 3	<u>identity</u>					
First name :			Surname :			
			Apt :			
City :Postal Code:						
			Cell. No.:			
Mother tongue:	French English		Preferred language			
	Other language		Country of origin:			
2. Name of the	e persons we are aut	horized to sh	are information v	<u>with</u>		
Full name:Relation		Relationship:	Tele	phone No	.: <u></u>	
Full name:		Relationship:	Tele	phone No	.: <u></u>	
Current:	Province of Quebec whe	•	From		_to	
			From		_to	
			From		_to	
4. Other quest	ions					
4. <u>Other quest</u>	ions dian citizen or permane	nt resident?		☐ Yes	□ No	
4. <u>Other quest</u> 1- Are you a Cana				☐ Yes	□ No	
4. Other quest 1- Are you a Cana 2- Have you or a r	dian citizen or permane	old:	unit?	☐ Yes	□ No	
4. Other quest1- Are you a Cana2- Have you or a rbeen previous	dian citizen or permane nember of your househ	old: r-rental housing		☐ Yes		0

Surname and first name	Date of birth (year/month/day)	Age	Gender M/F	Relationship to applicant	Social Insurance number	% of custody
Applicant						
Other members of the family						

	 Do YOU or a MEMBER OF YOUR HOUSEHOLD have problems with autonomy (difficulty taking care of your basic needs related to personal care and household tasks without assistance)?				
Г	IMPORTANT				
	FOR HAVING YOUR REQUEST TREATED :				
	PROVIDE COPIES	COMPLETE AND SIGN THE FORMS			
	 Detailed PROVINCIAL notice of assessment of the previous year or income tax return and tax records; 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; Proof of children custody 	 □ Low-rental housing application; □ Housing selection form; □ Solemn declaration 			
r	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			
9	Signature of organization officer: Date				

6. Information on your level of independence

Tel.: 819-566-7868

Téléc.: 819-569-1212