

**Branch Offices**

<b>Rouyn-Noranda</b> 209, 9e rue J9X 2C1  (819) 797-3902	<b>Val d'Or</b> 55, 3e av. # 101 J9P 1T4  (819) 874-7808	<b>Maniwaki</b> 125, rue Laurier J9E 2K5  (819) 449-6403	<b>Mansfield</b> 213, rue Héroult J0X 1V0  (819) 683-3757	<b>Québec</b> 1675, ch. Ste-Foy 3e étage G1S 2P7 (418) 626-7522	<b>Montréal</b> 431, av. Marien H1B 4V7  (514) 527-4884	<b>Dolbeau-Mistassini</b> 112, de l'Église # 206 G8L 4W4 (418) 276-5901	<b>Mont-Joli</b> 1655, Jacques-Cartier G5H 2W4  (418) 775-2239	<b>Sept-Îles</b> 476, place du Commerce G4R 2Z5 (418) 962-9478	<b>Baie-Comeau</b> 235, boul. Lasalle # 404 G4Z 1S7 (418) 294-2259
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**HOUSING APPLICATION**

Reserved for Corporation Waskahegen  
D \_\_\_\_\_ - \_\_\_\_\_

**A - Identification**

Last and first name of the head of the household: \_\_\_\_\_ Address: \_\_\_\_\_  
 Birth date (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Social Insurance Number: \_\_\_\_\_ Telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**B - Household members**

Last and first name of other household members	Birth date DD/MM/YY	Relation to head of household (spouse, daughter, mother, etc.)	S / I / N

If you are not applying for low-cost housing, sign here and do not complete the following sections.

Signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**C - Economical condition (household income)**

**D - Goods owned by household**

Annual household income for previous year: \$ \_\_\_\_\_  
 Indicate the value of the assets you currently own: \$ \_\_\_\_\_

**E - Rental fees (check the situation that represents you)**

Tenant     Owner     Occupant in a rooming house     Occupant in a private home     Border in a shelter

Monthly rent (lodging, room, mortgage): \$ \_\_\_\_\_  
 Monthly cost of heating: \$ \_\_\_\_\_  
 Annual cost of taxes (school and municipal): \$ \_\_\_\_\_

**F - Physical quality of housing**

Yes	No	(1 <sup>st</sup> category deficiency)	Yes	No	(2 <sup>nd</sup> category deficiency)	Yes	No	(Architectural barrier to be completed by disabled person)
<input type="checkbox"/>	<input type="checkbox"/>	Window in each room	<input type="checkbox"/>	<input type="checkbox"/>	Heating system in good condition	<input type="checkbox"/>	<input type="checkbox"/>	Can enter the building unassisted
<input type="checkbox"/>	<input type="checkbox"/>	Bathtub, shower, sink, toilet	<input type="checkbox"/>	<input type="checkbox"/>	Adequate heating	<input type="checkbox"/>	<input type="checkbox"/>	Can enter apartment unassisted
<input type="checkbox"/>	<input type="checkbox"/>	Functional bathtub, shower, sink, toilet	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Can circulate within building without difficulty
<input type="checkbox"/>	<input type="checkbox"/>	Drinking water, hot water	<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	Can circulate within apartment without difficulty
<input type="checkbox"/>	<input type="checkbox"/>	Kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>	Adequate soundproofing	<input type="checkbox"/>	<input type="checkbox"/>	Can use bathroom facilities without difficulty
<input type="checkbox"/>	<input type="checkbox"/>	Cupboard and counter	<input type="checkbox"/>	<input type="checkbox"/>	Adequate insulation	<input type="checkbox"/>	<input type="checkbox"/>	Can use kitchen facilities without difficulty
<input type="checkbox"/>	<input type="checkbox"/>	Safe passage on stairs						
<input type="checkbox"/>	<input type="checkbox"/>	No water infiltration						
<input type="checkbox"/>	<input type="checkbox"/>	Yard and balcony						

Number of bedrooms in the lodging you currently occupy:  
 1 room     2 rooms     3 rooms     4 rooms     5 rooms or more (indicate) \_\_\_\_\_

**G - Social, psychosocial and health factors (provide proof)**

**H - Spousal violence**

Health problems related to poor living conditions  
 Must be near healthcare center for medical reasons  
 Event having an impact on the physical and mental health of the household if living in the lodging (excluding spousal violence)

Yes (provide proof)  
 No

Indicate the cities of your choice:  
 1- \_\_\_\_\_ 2- \_\_\_\_\_ 3- \_\_\_\_\_

I certify that the information provided above is true and complete and I authorize Corporation Waskahegen to verify all information provided in my application for lodging.

Applicant's signature: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Responsible of housing: \_\_\_\_\_ Date (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IS THE APPLICANT OR MEMBER OF THE HOUSEHOLD A MEMBER OF THE NAQ?     Yes     No  
 IF YES, IS HE OR SHE AN ACTIVE MEMBER?     Yes     No

Certified by: \_\_\_\_\_ Position: \_\_\_\_\_