

Housing Application Form:
Corporation Maison Lucien-L'Allier

Date de Reception :

GENERAL INFORMATION			
Name		Surname	
No Civique/rue	Organisation/Owner	Apt Number	Neighbourhood
Ville	Postal Code	Since when?	
Home Number		Other contact number	
Email			
Date of Birth	Âge		
Canadian citizen or Permanent resident	Yes	No	
Sex (checkmark)	Male	Female	

FINANCIAL INFORMATION			
Annual income		Or monthly revenue	
\$			
Source of Revenus (Please Checkmark)			
Work		Welfare	
Disability Benefits		Old Age Pension	
Private pension fund benefits		Loans and bursaries	
Other, specify		Total value of your assets (investments, RRSP, TFSA, house, car, etc.)	
		\$	

HEALTH

Do you have a physical condition that we should know? specify:	Yes	No
Are you pregnant?	Yes	No
Do you have a mental health diagnosis? Which one?	Yes	No
When were you diagnosed?		
Do you take any medications	Yes	No
Please include the list of medications you are taking and what they are for:		
Are you followed by a medical professional or community worker with an organization recognized in mental health?	Yes	No
Please write the name and address of that person:		

BEHAVIOUR

Do you consume alcohol?	Yes	No
If so, at what rate? (how often, how much)		
Have you ever used drugs?	Yes	No
If so, what drugs have you used?		
If not, when did you stop? (drinking, drug)		
Do you have a criminal record?	Yes	No
If so, what are they?		

CURRENT HOUSING							
Do you have a pet? specify:						Yes	No
Monthly rent cost			Heating & electricity cost				
Number of people living with you:							
Size of Housing	Room	Studio	2 ½	3 ½	4 ½	5 ½	6 ½ or+
Accommodation conditions (Checkmark please)				Good		Bad	
Indoor Environment and Neighbourhood							
Accessibility							
Cleanliness							
Other relevant information on housing							
How many times have you moved in 2 years? Why?							

EMERGENCY CONTACT INFORMATION (friend, family)			
Name	Relationship	Telephone Number	Email
Name	Relationship	Telephone Number	Email
Name	Relationship	Telephone Number	Email

I have read the code of conduct and internal regulations of the Corporation Maison Lucien-L'Allier and **agree to respect them.**

Signature of the candidate

Date

I authorize and consent that the Corporation Maison Lucien-L'Allier may enquire proceed with a pre-rental inquiry (credit inquiry and judicial inquiry)

Signature of the candidate

Date

UPDATED LIST OF HOUSING APPLICANT

The Persons wishing to obtain housing in organization body must renew their request between June 1st and August 31st of each year. A first request made during the year remain valid until 31st August of the following year and will be held until that date. Each person is responsible to update the information indicated on the housing application form.

Please return the form to the Direction of the Corporation Maison Lucien-L'Allier:

By Mail :
720 rue Lucien-L'Allier, bureau #106
Montréal, Québec
H3C 1Z8
Tel. 514-932-1898
By Fax : 514-932-5098
By email: Info.maison-lucienlallier@videotron.ca