

Housing Reservation Application for the AccèsLogis Québec Program

ACL -

To be completed by the Agency

1. Agency

Name of Agency Chelsea Housing Corporation	Name of Agency representative Céline Brault	Form number
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2. Information on the Project

Name of project : **Chelsea Housing Corporation**

Type of clients

For families, people living alone, independent seniors and independent disabled people

For seniors with slightly diminishing independence

For people with special housing needs

Specify the client group : _____

Delivery date of the dwelling to the tenant (approximate and subject to change): _____

* Complete section 9 before submitting the form to the interested person (head of household)

To be completed by the person (head of household) wishing to reserve a dwelling

3. Information on the Person

Surname at birth	Given name	Age	Birth date
Surname of spouse	Given name	Age	

Does the applicant live with his or her dependent children? Yes – How many? No

If so, enter details of the children:

1 – Age : Gender : M F

2 – Age : Gender : M F

3 – Age : Gender : M F

4. Information on the Current Dwelling

Address of residence (Number, Street, Apartment Number)	Reg. code	Telephone number
Municipality	Postal code	

5. Status of the interested person

You are: An owner A tenant

If you are currently a homeowner, will you have to sell your home before becoming available to occupy the proposed dwelling? Yes No

6. Eligibility for Projects with Services (Components II et III)

Please check the items corresponding to your current situation.

My spouse or me, or both:

Over 73 years of age

Unable to perform household tasks (e.g. buying food, preparing meals, laundry, etc.)

Level of insecurity hindering well-being (loneliness, fear, in need of constant support)

Mobility problems (e.g. in a wheelchair)

Interested in certain mutual support measures. Please specify : _____

Are you currently receiving home services? If so, what are they? _____

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7. Availability to Occupy the Proposed Dwelling

You will be ready to occupy the dwelling :

Upon Delivery

0-12 months after delivery

More than 12 months after delivery

I don't know

8. Current Monthly Rent

Please indicate the amounts corresponding to your current situation:

Household's average annual income: _____ \$

Monthly cost of housing: _____ \$

Includes heating & electricity? Yes No

To be completed by the interested person and by the Agency

9. Type of Dwelling Required

To be completed by the interested person	To be completed by the Agency			
Type of Dwelling Required :	Monthly Rent	With services included (√)		
Please check one type only:	Anticipate 95% of the Median Rent as Maximum Amount	Heating	Electricity	Hot water
<input type="checkbox"/> Room	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Studio	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dwelling with 1 bedroom	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dwelling with 2 bedrooms	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dwelling with 3 bedrooms	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dwelling with 4 bedrooms	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dwelling with 5 bedrooms	between _____ \$ and _____ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An additional amount of \$ _____ by person must be added for : <ul style="list-style-type: none"> <input type="checkbox"/> 24-hour supervision <input type="checkbox"/> assistance (hygiene, medication) <input type="checkbox"/> meals (optional - mandatory) <input type="checkbox"/> home support <input type="checkbox"/> other services, please specify : _____ 				

10. Signature

I declare that all information provided is exact and that I am interested in occupying a dwelling for a monthly rent and the extra services cost listed above, if applicable.

Signature of the applicant, head of household

Date

E-mail :

Other contact:

Name :

Phone :

E-mail: