



Saint-Ambroise Permanent Apartments

Application form

1 INFORMATION CONCERNING YOUR CURRENT SITUATION

1.1 PERSONAL INFORMATION

Last name: _____ First name: _____

Date of birth: _____ Language preference: ☐ French ☐ English

Telephone nr: _____ Email address: _____

Current address: _____ Apt Nr: _____

City: _____ Postal code: _____

How many years have you lived at this address? _____

Monthly rent (\$): _____

Currently, your lodging is:

- ☐ HLM ☐ Cooperative (COOP) ☐ Private apartment
☐ Shelter ☐ Room ☐ Other: _____

1.2 HOUSEHOLD COMPOSITION (YOU AND THE PEOPLE WHO WOULD LIVE WITH YOU)

First & Last name	Relationship to you	Date of birth	Age	Sex (M/F/X)	% of time in your care
	You				----
					%
					%
					%
					%
					%
					%

Is the DPJ (Department of Child and Youth Protection) involved with your family? ☐ Yes ☐ No

1.3 OMHM CRITERIA

Have you lived in Montreal for at least 12 of the last 24 months? ☐ Yes ☐ No

If not, in which city or cities have you lived in the last 24 months?

Are you a permanent resident or a Canadian citizen? ☐ Yes ☐ No

Have you already applied for OMHM housing? ☐ Yes ☐ No

If yes, what is your file number (ex. 2000-00000)? _____

Have you ever lived in subsidized housing with rent set at 25% of your income (HLM, PSL, etc.)?

☐ Yes ☐ No

If yes, indicate address: _____

Departure date: _____

Reason for leaving: _____

Have you (or a member of your household) ever:

1. Been evicted from subsidized housing? ☐ Yes ☐ No
2. Left subsidized housing without notifying the landlord? ☐ Yes ☐ No
3. Owed a debt to the landlord of subsidized housing? ☐ Yes ☐ No

Do you have your Quebec Notice of Assessment (*Avis de cotisation*) number for last year?

☐ Yes ☐ No

What was your total gross income for last year (as recorded on your Quebec Notice of Assessment on line 199)? _____

1.4 ADDITIONAL INFORMATION

Are you pregnant ? ☐ Yes ☐ No

If yes, what is your due date? _____

What are your current sources of income (work, social assistance, etc.)? _____

Do you have debts? ☐ Yes ☐ No

If yes, with whom and for what amount? _____

Do you have a repayment agreement? ☐ Yes ☐ No

If yes, what is your monthly payment amount? _____

Do you have physical or mental health problems? ☐ Yes ☐ No

If yes, please specify: _____

Would you need any adaptations to your apartment because of a physical disability? ☐ Yes ☐ No

If yes, please specify: _____

Do you have an intellectual deficit? ☐ Yes ☐ No

Have you ever had an addiction problem (drug addiction, compulsive gambling, etc.)? ☐ Yes ☐ No

If yes, please specify: _____

Have you received or are you currently receiving services for this problem? (follow-up, support group, therapy, etc.) ☐ Yes ☐ No

If yes, please specify: _____

Are you currently experiencing domestic violence or post-separation violence? ☐ Yes ☐ No

If yes, have you received or are you currently receiving services for this issue? (follow-up, support group, therapy, etc.) ☐ Yes ☐ No

How many times have you moved in the last 3 years? _____

What were the reasons for these moves? _____

1.5 PROFESSIONAL REFERENCES TO SUPPORT YOUR APPLICATION

Name of reference: _____

Organization: _____ Relationship: _____

Telephone nr: _____ Email address: _____

Name of reference: _____

Organization: _____ Relationship: _____

Telephone nr: _____ Email address: _____

☐ *I affirm that the information contained in this form is true.*

Name: _____

Signature: _____

Date: _____



AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

I _____ (Name)

Authorizes *Logifem Inc.* to communicate with:

Name	Relationship	Phone number/email

About :

My application to Logifem (permanent apartment program).

This authorization ends:

☐ When this process is completed

☐ On this date : _____

* I understand that I have the right to withdraw this consent at any time

Authorization given by :

Date :

Signature :

IF YOU WOULD LIKE TO SHARE ADDITIONAL INFORMATION
RELEVANT TO YOUR APPLICATION, PLEASE ADD IT HERE:

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I declare that the information above is true and complete.

Signature:

Date: