

HOUSING APPLICATION

This form must be updated every year

To apply online: <http://www.batirsonquartier.com/faire-une-demande-dinscription/>



APPLICANT INFORMATION

First Name: _____ Last Name: _____
Language : French English Gender : M F Residential phone : ____ - ____ - ____ Cell. : ____ - ____ - ____
Residency status : Canadian citizen or permanent resident Other (immigrant, refugee, etc.)
Date of Birth YYYY/MM/DD: ____ / ____ / ____ Your annual income: _____
Type of income : Work Full time student Welfare Retirement income Other benefits
Address: _____ Apt.: _____ City: _____
Postal Code: _____ Email Address : _____

HOUSEHOLD COMPOSITION – Please indicate the details of each person who will live in the apartment requested with you.

First Name : _____ Last Name : _____ Gender : M F
Date of Birth YYYY/MM/DD: ____ / ____ / ____ Link with the applicant: _____
Annual income : _____ Type of income : Work Full time student Welfare Retirement income Other

First Name : _____ Last Name : _____ Gender : M F
Date of Birth YYYY/MM/DD: ____ / ____ / ____ Link with the applicant: _____
Annual income : _____ Type of income : Work Full time student Welfare Retirement income Other

First Name : _____ Last Name : _____ Gender : M F
Date of Birth YYYY/MM/DD: ____ / ____ / ____ Link with the applicant: _____
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Annual income : _____ Type of income : Work Full time student Welfare Retirement income Other

First Name : _____ Last Name : _____ Gender : M F
Date of Birth YYYY/MM/DD: ____ / ____ / ____ Link with the applicant: _____
Annual income : _____ Type of income : Work Full time student Welfare Retirement income Other

Add a sheet with additional information on the composition of your household if necessary.

INFORMATION ON CURRENT HOUSING

Size of current housing : Studio 3 ½ 4 ½ 5 ½ 6 ½ 7 ½ Current monthly rent cost : _____ \$
Reason for departure : High cost Change in needs Other : _____

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INFORMATION ON THE REQUESTED HOUSING

Size of requested housing (you can tick up to two choices) : Studio 3 ½ 4 ½ 5 ½ 6 ½ 7 ½

Neighborhoods (check all the neighborhoods that are likely to interest you):

PLEASE CHECK ALL BOROUGHS AND/OR NEIGHBOURHOODS THAT MAY INTEREST YOU

<input type="checkbox"/> Ahuntsic-Cartierville	<input type="checkbox"/> Saint-Henri
<input type="checkbox"/> Anjou	<input type="checkbox"/> Saint-Hubert
<input type="checkbox"/> Côte-des-Neiges-Notre-Dame-de-Grâce	<input type="checkbox"/> Saint-Laurent
<input type="checkbox"/> Greenfield Park	<input type="checkbox"/> Saint-Léonard
<input type="checkbox"/> Hochelaga-Maisonneuve	<input type="checkbox"/> Verdun
<input type="checkbox"/> L'Île-Bizard-Sainte-Geneviève	<input type="checkbox"/> Vieux-Longueuil
<input type="checkbox"/> La Petite Patrie	<input type="checkbox"/> Ville-Émard / Côte-Saint-Paul
<input type="checkbox"/> Lachine	<input type="checkbox"/> Ville-Marie
<input type="checkbox"/> Lasalle	<input type="checkbox"/> Villeray-Saint-Michel-Parc-Extension
<input type="checkbox"/> Le Plateau-Mont-Royal	
<input type="checkbox"/> Mercier	
<input type="checkbox"/> Montréal-Nord	
<input type="checkbox"/> Outremont	
<input type="checkbox"/> Petite-Bourgogne / Griffintown	
<input type="checkbox"/> Pierrefonds-Roxboro	
<input type="checkbox"/> Pointe Saint-Charles	
<input type="checkbox"/> Rivière-des-Prairies-Pointe-aux-Trembles	
<input type="checkbox"/> Rosemont	

Are you asking for an adapted apartment for a person with functional limitations of handicap?

Yes universal accessibility only Yes housing adaptation No

Interest in being a founder of a cooperative ? : Yes No

Are you requesting an apartment in a specific project? (Optional) _____

Type of project : Cooperatives only NPO only Cooperatives and NPO

By signing, I accept that the information contained in this form is collected for the purpose of monitoring housing requests, statistics and contact. Bâtir son quartier is committed to respecting the confidentiality of personal information. You can obtain our confidentiality policy by calling us at 514-933-2755 or by visiting our website at the following address : <http://www.batirsonquartier.com/politique-de-confidentialite/> .

Signature : _____ Date : _____

PLEASE RETURN THIS SIGNED FORM TO BÂTIR SON QUARTIER

2155 Saint-Patrick Street | Montreal (Quebec) H3K 0B9 | Fax: 514-933-7802