

COOPÉRATIVE DE SOLIDARITÉ DU BEL ÂGE DE PINCOURT

APARTMENT REQUEST APPLICANT INFORMATION		
LAST NAME:	FIRST NAME:	AGE:
LAST NAME:	FIRST NAME:	AGE:
RELATIONSHIP BETWEEN APPLICANTS (COUPLE, FAMILY):		
CURRENT ADDRESS:		
CITY:	POSTAL CODE:	
HOME PHONE: ()	OTHER PHONE: ()	
EMAIL:		
MEDICAL CARD NUMBER:		
<p>Eligibility: Anyone who is autonomous or has a slight loss of autonomy: Anyone over 75 years of age is eligible, as well as people between the ages of 65 and 75, who can demonstrate a slight loss of autonomy.</p>		

HOUSEHOLD REVENUE	
Please indicate the annual gross income of your household (line 199 of your Quebec tax returns)	
<input type="checkbox"/> Less than 10 000\$	<input type="checkbox"/> Between 29 000\$ and 34 999\$
<input type="checkbox"/> Between 10 000 and 28 999\$	<input type="checkbox"/> Between 35 000\$ and 69 999\$
<input type="checkbox"/> 70 000\$ or more	
<p>Subsidized Housing (Rent Supplement Program): Currently, is eligible for this subsidy a couple or a single person whose gross annual household income is less than \$ 29 000 and two applicants with a family relationship other than that of a couple will have an annual income less than \$ 35 000.</p>	

CURRENT HOUSING		
OWNER OR RENTER ?	<input type="checkbox"/> OWNER	<input type="checkbox"/> RENTER
FOR RENTERS ONLY :	WHEN DOES YOUR CURRENT LEASE END?	
	MONTHLY COST OF YOUR CURRENT LEASE?	
	HAS YOUR CURRENT HOME BEEN MODIFIED TO MEET YOUR NEEDS? IF YES, EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOUSING SOUGHT: COUPLES WILL BE GIVEN PRIORITY FOR TWO BEDROOM APARTMENTS		
<input type="radio"/> 3 ½	<input type="radio"/> 4 ½	
Why do you want to become a member?		
<input type="radio"/> Monthly savingS	<input type="radio"/> Quality of life	
<input type="radio"/> Social engagement	<input type="radio"/> Community spirit	
WHEN WOULD YOU BE READY TO MOVE? _____		
DOES THE APARTMENT NEED TO BE ADAPTED OR MODIFIED	<input type="radio"/> FOR YOU <input type="radio"/> YES NO	<input type="radio"/> FOR YOUR PARTNER <input type="radio"/> YES NO
IF YES, PLEASE EXPLAIN CHANGES REQUIRED: _____		

DEGREE OF AUTONOMY:



PLEASE INDICATE:

Excellent

Average

Low

DEGREE OF AUTONOMY OF THE APPLICANT:

DEGREE OF AUTONOMY OF YOUR PARTNER:

AMONG THE FOLLOWING SKILLS, CHOOSE ALL THOSE YOU FEEL YOU CAN CONTRIBUTE TO THE COOPERATIVE

MANUAL TASKS	ADMINISTRATIVE TASKS
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Document preparation
<input type="checkbox"/> Electrical	<input type="checkbox"/> Parties / leisure activities
<input type="checkbox"/> Lawn care	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Snow removal	<input type="checkbox"/> Organization of events
<input type="checkbox"/> General maintenance	<input type="checkbox"/> Accounting
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

I hereby certify that the information provided is accurate and complete. I authorize "the Coopérative du Bel âge de Pincourt" to make any inquiries deemed necessary for the sole purpose of verifying the information mentioned above. The cooperative agrees to keep this information confidential and to use this information for no other purpose.

YOUR NAME (PLEASE PRINT)

YOUR SIGNATURE

DATE