**No dossier : \_\_\_\_\_\_\_\_\_**



**COOPÉRATIVE DE SOLIDARITÉ DU BEL ÂGE DE PINCOURT**

|  |  |  |
| --- | --- | --- |
| APARTMENT REQUESTapplicant 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: | | |
| **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.** | | |

|  |  |
| --- | --- |
| Household revenue | |
| **Please indicate the annual gross income of your household (line 199 of your Quebec tax returns)** | |
| * Less than 10 000$ | * Between 29 000$ and 34 999$ |
| * Between 10 000 and 28 999$ | * Between 35 000$ and 69 999$ |
| 70 000$ or more | |
| **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.** | |

|  |  |  |  |
| --- | --- | --- | --- |
| current housing | | | |
| owner or renter ? | | owner | 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 | | YESNo |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HOUSING sought: **COUPLES WILL BE GIVEN PRIORITY FOR TWO BEDROOM APARTMENTS** | | | | |
| * 3 ½ | | * 4 ½ | | |
| Why do you want to become a member? | | | | |
| * Monthly savingS | * Quality of life | | | |
| * Social engagement | * Community spirit | | | |
| when would you be ready to move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| does the apartment need to be adapted or modified | | | FOR YOUYES no | FOR YOUR PARTNERYES 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 |
| * Plumbing | * Secretarial |
| * Carpentry | * Document preparation |
| * Electrical | * Parties / leisure activities |
| * Lawn care | * Board of Directors |
| * Snow removal | * Organization of events |
| * General maintenance | * Accounting |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * 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