Office d'habitation de l'Outaouais

# ADMISSIBILITY

THE **ANNUAL INCOME OF YOUR FAMILY MUST BE LESS** THAN THE FOLLOWING MAXIMUM

| HOUSEHOLD COMPOSITION | RMR GATINEAU (Gatineau, Thurso, Val-Des-Monts, La Pêche & Val-Des-Bois) | OTHER MUNICIPALITIES |
|---|---|---|
| One person or a couple | 31 000 $ | 21 000 $ |
| 2 or 3 people except couples | 37 500 $ | 26 000 $ |
| 4 or 5 people | 44 000 $ | 29 000 $ |
| 6 people | 51 000 $ | 32 000 $ |
| 8 or 9 people | 52 000 $ | 34 000 $ |
| 10 or 11 people | 53 000 $ | 35 000 $ |
| 12 people or more | 53 500 $ | 35 500 $ |

**According to the regulations for low-income housing attribution of the Société d'habitation du Québec.**

**To be eligible for low-income housing, the applicant must:**

1. Be registered on the waiting list.

2. Provide independently or with the help of outside support or from a person who lives with him, the satisfaction of basic needs, particularly those related to personal care and ordinary household tasks.

3. Be a Canadian citizen or permanent resident as defined in the **Immigration Act** (L.C. 2001, c. 27), and **a resident of Quebec**.

4. For at least 12 months during the 24 months preceding his application or reinstatement, reside in Quebec or if the rules of the landlord provides, in the territory of selection of the landlord. This section of the regulations does not apply to the applicant (or a member of his household) who is suffering from locomotor disability (wheelchair) or is a victim of domestic violence.

5. Have an annual income below the maximum gross.

**The applicant, or any member of his household, must not:**

1. Be a former tenant of a low-income housing evicted following a decision of the Tribunal administratif du logement.
2. Be a former tenant of a low-income housing that left without notifying the landlord, even if the rent had been paid until the date of his departure.

3. Have a debt to a landlord of low-income housing.

4. Have liquid assets or property which exceeds the maximum amount prescribed by regulation of the landlord (100 000.00 $).

5. Be a full time student enrolled in an educational institution, with no dependent children in his care.

*** To apply, you must make an appointment with a selection agent by calling 819-568-0033, extension 523. No application will be accepted without an appointment ***

**For your information:**

- To find your rank, once eligible, you can visit the website (www.ohoutaouais.ca) or call a selection agent at 819-568-0033, extension 523.

- The Office d'habitation de l'Outaouais can't, at any time, guarantee a low-income housing offer.

## CHECK LIST – APPLICATION FOR HOUSING

AT YOUR APPOINTMENT, YOU MUST BRING THE FOLLOWING DOCUMENTS:

**MANDATORY TO ALL:**

- ☐ 1. The **signed** application for low income housing.
- ☐ 2. Last year's **income tax report and statements** or the **provincial notice of assessment (mandatory if income is 0.00$) and statements** for all members of your family 18 years old and older.
- ☐ 3. **Proof of current place** of residence and the address of each of the places of residence during the 24 months prior to the application (ex.: lease, invoice confirming your address, etc.).
- ☐ 4. Proof of the value of your belongings and those of your family members**, excluding furniture** (property, land, investments, etc.).
- ☐ 5. **Sector sheet signed** (choice of residential areas).
- ☐ 6. **Birth certificate** for all occupants (long form that indicates the parent's names).

**MANDATORY DEPENDING ON YOUR SITUATION:**

- ☐ Proof of **Canadian citizenship** or **permanent resident** of the applicant (ex.: residence card, imm2000 form, etc.).
- ☐ The **judgments of legal custody** or welfare claim booklet recognizing your children as dependents (prescription card).
- ☐ Declarations of child support.
- ☐ The **medical certificate** confirming your **pregnancy** and the **due date**.
- ☐ The Office d'habitation de l'Outaouais's medical attestation proving your status or **disability status** of a family member.
- ☐ **Victim of domestic violence** : written confirmation of a social worker or a police officer explaining your situation and the OH Outaouais's emergency attestation.
- ☐ The OH Outaouais medical attestation attesting for **problems related to housing** (ex.: inability to climb stairs, allergies to carpet, etc.).

**IMPORTANT INFORMATION:**

- NEW: Your application remains valid for a period of 5 years with a possibility of renewal. However, if you situation changes (annual income, new address, your health status, pregnancy, addition of occupant, liquid assets or property, etc.) you have the responsibility to provide us with documents to that effect. Failing to notify us of any changes in writing, a housing offer could be withdrawn.
- The Office has 30 days to inform you of its decision on your application and registration to the waiting list. If there is a refusal, you will be given the reasons. You can then contact the Tribunal administratif du logement for a review.
- The refusal of a housing offer that is in the sector corresponding to the choices made will result in the removal of the application for a one year period. After the one year period, the applicant must reapply. Removals result in the loss of seniority of the applicant.
- By subscribing to the Office d'habitation de l'Outaouais, you agree to have your name used for subsidized housing whose selection is managed by the Office d'habitation de l'Outaouais, that is to say, with other owners.

SCHL CMHC Canada

Société d'habitation Québec

A

## APPLICANT'S IDENTITY (Ss. 11 and 16)

| Applicant's surname and given name | Reg.Code ( ) | Telephone No. |
|---|---|---|
| Surname and given name of the person to be contacted if the applicant is absent | Reg.Code ( ) | Telephone No. |

Current address and address of all the places in which you have resided in the Province of Québec in the 24 months preceding your application.

| Address | Postal Code | Duration (year/month) / |
|---|---|---|
| Previous Address | Postal Code | Duration (year/month) / |
| Previous Address | Postal Code | Duration (year/month) / |

1- Are you a Canadian citizen or permanent resident? Yes No

2- Have you or a member of your household:

- previously been evicted from a low-rental housing unit? ☐ Yes ☐ No
- previously abandoned a low-rental housing unit without notifying the landlord? Yes No
- an outstanding debt owing to a low-rental housing landlord? ☐ Yes ☐ No

B

## INFORMATION ON YOUR LEVEL OF INDEPENDENCE (ss. 11 and 14)

| | |
|---|---|
| 1. Are you independent (i.e. able to meet your own essential needs, especially those relating to personal care and ordinary household tasks, without help)? | Yes No |
| 2. Are you independent, but **with outside assistance?** If so, please complete and sign the "Independence Questionnaire" attached to this application. | ☐ Yes ☐ No |
| 3. Does any member of your household have a physical handicap that would make it difficult for him or her to access the dwelling (wheelchair, walking frame, etc.)? If so, please complete the "Independence Questionnaire". | ☐ Yes ☐ No |
| 4. Does any member of your household have diminishing independence or a physical handicap that requires him or her to live with a **caregiver**? If so, please complete and sign the "Independence Questionnaire". | Yes No |

C

## CHOICE OF SECTOR (s. 11.9)

Where applicable, please enter your choice of sector from those shown on the list provided by the agency.

**Sector numbers or names:**

**All sectors:**

D

## HOUSEHOLD COMPOSITION (S. 11)

Total number of people in the household | Household head's telephone number | Reg. Code ( ) | Telephone No.

| Occupant | Surname and given name of the applicant and of all household members, including the name of the caregiver where applicable | Date of Birth (year/month/day) | Age | Gender | Relationship to applicant or spouse | % of custody | Social Insurance Number | Handi-capped (Yes/No) | Full-time Student (Yes/No) |
|---|---|---|---|---|---|---|---|---|---|
| **A** | | / / | | M F | | | | | |
| **B** | | / / | | ☐ M F ☐ | | | | | |
| **C** | | / / | | M ☐ F | | | | | |
| **D** | | / / | | ☐ M F | | | | | |
| **E** | | / / | | ☐ M ☐ F | | | | | |
| **F** | | / / | | ☐ M F ☐ | | | | | |

***Caregiver**: Please complete the table below. Where applicable, enter "caregiver" in the "Relationship" column.

**For joint custody, please enter the **percentage of custody time** for each child.

E

## INCOME (for the calendar year preceding the application date) (S. 27)

| Enter the annual income of each member of your household, including the caregiver's income where applicable. Please also attach supporting documents. | Year ☐ A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| Employment income | $ | $ | $ | $ | $ | $ |
| Employment insurance * | $ | $ | $ | $ | $ | $ |
| Emploi-Québec (training) ** | $ | $ | $ | $ | $ | $ |
| Income security | $ | $ | $ | $ | $ | $ |
| Old Age Pension | $ | $ | $ | $ | $ | $ |
| Québec Pension Plan | $ | $ | $ | $ | $ | $ |
| Other pensions | $ | $ | $ | $ | $ | $ |
| rest and investments | $ | $ | $ | $ | $ | $ |
| CSST | $ | $ | $ | $ | $ | $ |
| SAAQ | $ | $ | $ | $ | $ | $ |
| Support payments received | $ | $ | $ | $ | $ | $ |
| Other income (specify) | $ | $ | $ | $ | $ | $ |
| **Partial individual total :** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

| | |
|---|---|
| **SUBTOTAL – HOUSEHOLD INCOME** | |

* Social assistance benefits paid pursuant to sections 74 to 78 and 204 of the Individual and Family Assistance Regulation for every dependent child of full age attending an educational institution (s. 2.7 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)

** Supplementary expenses paid by Emploi-Québec within the scope of the terms and conditions for the application of active measures by Emploi-Québec, financed out of the Labour Market Development fund (s. 2.11), and employment assistance allowances paid during a calendar year to a person participating in Emploi-Québec active employment measures, up to a maximum amount of $1,560 per person (s. 2.13 of the By-law respecting the conditions for the leasing of dwellings in low-rental housing)

F

Indicate the market value of property that **currently** belongs to you or your household:

| | | |
|---|---|---|
| 1- LIQUID ASSETS (including capital and various investments) | + | $ |
| 2- IMMOVABLE PROPERTY (real estate) | + | $ |
| 3- OTHER PROPERTY (excluding furniture) | + | $ |
| **TOTAL VALUE OF GOODS OWNED =** (Add 1, 2 and 3) | = | $ |

The property listed below is not considered when calculating the total value of the property belonging to you and your household:

- all furniture and household effects;
- the books, instruments and tools required for the purposes of employment or to practice a trade or an art;
- the value of pension credits accumulated as a result of membership in a pension plan other than the plan established by the Act respecting the Québec Pension Plan (R.S.Q., c. R-9) or an equivalent plan within the meaning of the said Act, or amounts accumulated, with interest, as a result of the beneficiary's participation in another retirement savings instrument which, pursuant to the plan, savings instrument or law, cannot be returned to the participant before he or she reaches the age of retirement;
- property owned by a dependent child, provided it is managed by a tutor, testamentary liquidator or trustee, before the report is submitted;
- property that a dependent child has acquired through his or her personal effort;
- equipment adapted to the needs of an adult or dependent child with functional limitations, including an adapted vehicle that is used for transportation but not for commercial purposes;
- the value of a prearranged funeral services contract or prearranged burial plan, where such contracts are in force;
- amounts accumulated in a registered disability savings plan, including those paid in the form of Canada disability savings bonds or Canadian disability savings grants, for the benefit of the adult alone or of a member of the family, which the person in question cannot access in the short term, according to the rules governing the plan.

G

## APPLICANT'S COMMENTS

☐ I accept that my request be sent to cooperative housing
☐ I accept that my request be sent to non-profit housing organizations

**If** a smoke free housing accommodation was available, I would be interested :

☐ YES ☐ NO

## STATISTICAL INFORMATION ON THE APPLICANT (OPTIONAL QUESTIONS)

H

The purpose of this section is to allow the Société d'habitation du Québec to carry out the analyses, studies and research required to plan its activities and improve its programs and services. All responses to these questions will remain strictly confidential and will not be combined with any nominative information that would allow the individual or household to be identified.

**What language do you use at home?** If more than one, please specify. ☐ French ☐ English ☐ Other

**What language do you use outside the home?** If more than one, please specify. ☐ French ☐ English ☐ Other

**Were you born in Canada**? ☐ Yes ☐ No
If you answered **NO** to this question, please answer the following questions:
In which country were you born?
In which region were you born?
In which year did you obtain the right to reside in Canada?
In which immigration category were you when you first arrived in Canada?
When you arrived in Canada, did you have a sponsor or guarantor? ☐ Yes ☐ No
If yes, when did the undertaking made by your sponsor or guarantor end, or when will it end? day / month / year
**Are you a Canadian citizen**? Yes ☐ No ☐

**NOTICE to all applicants – Any false or misleading statements in this application or in any document attached thereto may result in removal of the applicant's name from the eligibility list, refusal to grant low-rental housing, a change in rental conditions, or eviction from the dwelling.**

I

## ATTESTATION

**I certify that the above information is true and complete.**
**I authorize the organization to perform any verification it deems appropriate. It is understood that the information given is confidential and will be used only for the needs of the organization and of the Société d'habitation du Québec or some other Housing organism.**

| **Applicant's signature** | Date | Signature of organization officer | Date |
|---|---|---|---|
| | | | |

Office d'habitation de l'Outaouais

# LOW RENTAL APPLICATION FORM
# CHOICE OF SECTORS

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Please indicate your preference for a sector of residence. You can choose more than one sector that corresponds to your family's need. **When you select a sector, you accept all the projects indicated in that sector (you cannot choose the address).**

If you do not return your completed choice of sectors within seven days, all sectors will be considered as your selection.

**Housing categories**

**A** = For people that are 55 years old and older **B** = For people that are 54 years old and younger

Municipality of Gatineau:

❒ **Sector 1 – Aylmer (Categories A and B)**

(Example of addresses in the sector: North, Pearson, Wilfrid-Lavigne, Broad, private addresses)

❒ **Sector 2 – Hull / Mont-Bleu (Category A and B)**

(Example of addresses in the sector: Mutchmore, Lesage, Arthur-Buies, Jumonville, Le Breton, Étienne-Brûlé, Des Étudiants, George-Bilodeau, private addresses)

❒ **Sector 3 – Centre-Ville de Hull (Categories A and B)**

(Example of addresses in the sector: Jean-Dallaire, Mance, Sacré-Cœur, Edgar-Chénier, Hanson, Duhamel, Prévost, Bégin, Vaudreuil, Leduc, Lambert, Hélène-Duval, Lévesque, Sainte- Bernadette, Carillon, Kent, Viger, private addresses)

❒ **Sector 4 – Gatineau – Pointe (Categories A and B)**

(Example of addresses in the sector: Claire, Guertin, La Baie, Marengère, St-René, De l'Hôpital, Nilphas-Richer, La Savane, Lausanne, Lamarche, Mont-Royal, F.-X.-Bouvier, Fortin, Gréber, private addresses)

❒ **Sector 5 – Gatineau – Main (Categories A and B)**

(Example of addresses in the sector: La Vérendrye, O'Farrell, Gouin, Graveline, P.-Labine, 240 Notre-Dame, St-René, Williams, private addresses)

❒ **Sector 6 – Gatineau – Templeton (Category A and B)**

(Example of addresses in the sector: Des Sables, Péribonka, Dupuis, Jeannine-Grégoire-Ross, Notre-Dame, private addresses)

❒ **Sector 7 – Masson-Angers (Categories A and B)**

(Example of addresses in the sector: St-Pierre, Victor-Lacelle, Du Progrès, privates addresses)

❒ **Sector 8 – Buckingham (Categories A and B)**

(Examples of addresses in the sector: Jean-Louis-Champagne, Church, Maclaren, private addresses)

❒ **Sector 9 – Hull – Golf – Plateau (Category A and B)**

(Example of addresses in the sector: Du Conservatoire, private addresses)

❒ **Sector 10 – Gatineau – Touraine – Limbour (Category B)**

(Example of addresses in the sector: private addresses)

**Initials: _____** **See reverse**

Other municipalities:

❒ **Sector 11 – Thurso (Categories A and B)**

(Example of addresses in the sector: Hôtel-de-Ville, Rodolphe-Pelletier)

❒ **Sector 12 – Val-des-Monts (Category A)**

(Example of addresses in the sector: chemin du Manoir)

❒ **Sector 13 – Chénéville (Category A)**

(Example of addresses in the sector: chemin de la Petite-Nation)

❒ **Sector 14 – La Pêche (Categories A and B)**

(Example of addresses in the sector: chemin des Fondateurs, montée Beausoleil, chemin Raphaël, chemin Sully)

❒ **Sector 15 – Papineauville (Category A)**

(Example of addresses in the sector: Laval)

❒ **Sector 16 – Fassett (Category A)**

(Example of addresses in the sector: Kemp)

❒ **Sector 17 – Grand-Remous (Category A)**

(Example of addresses in the sector: Trans-Canadienne)

❒ **Sector 18 – Other municipalities in Outaouais**

**Specify:** _____

❒ **Sector 19 – Val-des-Bois (Category A)**

(Example of address in the sector : Place Bellevue)

The **refusal** of a housing offer that is in the sector corresponding to the choices made will result in the **removal** of the application for a **one year** period. After the one year period, the applicant must reapply. Removals result in the **loss of seniority** of the applicant.

**Name (please print):** _____

**Current address:** _____

**Email address:** _____

**Date:**_____**Signature:** _____