

OFFICE MUNICIPAL D'HABITATION DE GATINEAU
LES JARDINS MONT-BLEU



HOUSING FORM

A Identification of the applicant

Name:			
Address :		postal code:	
Social insurance number :			
Telephone number:			
Handicap :		YES	Or NO
(for handicapped people only)			

B Household members

Household members (Name of all the household members)	Date of birth	Age	S.I.N.	Female	Male	Occupation
1.						
2.						
3.						
4.						

C Income

Revenue (for the year preceding the date of your request)				
	Occupant 1	Occupant 2	Occupant 3	Occupant 4
Social Assistance				
Unemployment insurance (T4U) (TP4U)				
Employment income				
Old age security pension				
Régie des rentes (RRQ)				
Private pension				
Interest income				
C.S.S.T				
R.A.A.Q				
Location income				
Other income				
Alimony pension				
Total of the income				

D Assets

Do you own a car?	
Investments	\$
Properties	\$
Other goods	\$

E Housing

Are you a tenant, home owner, other?	
When does your lease expire?	

F Type of housing

Bachelor without balcony 379,00 \$ <input type="checkbox"/>	1 c.c. S without balcony 493,00 \$ <input type="checkbox"/>	2 c.c. F with balcony 608,00 \$ <input type="checkbox"/>
Bachelor With balcony 430,00 \$ <input type="checkbox"/>	1 c.c. D with balcony 529,00 \$ <input type="checkbox"/>	2 c.c. B with balcony 625,00 \$ <input type="checkbox"/>
Appliances are not included in the apartments	1 c.c. A with balcony 545,00 \$ <input type="checkbox"/>	2 c.c. A with balcony 650,00 \$ <input type="checkbox"/>
Exterior parking : 20,00 \$		
Interior parking 1st : 35,00 \$		
Interior parking 2 : 50,00 \$		

Comments:

I declare that all the information given in my housing request is true and I accept that the Office municipal d'habitation de Gatineau verifies my application.

Signature : _____ Date : _____