



**INQUIRY FORM
FAMILIES/OTHER POTENTIAL TENANTS**

KIJATE

DATE: _____

PHONE: _____

APPLICANT:

First name / Last name / Age F M

CO-APPLICANT(S):

First name / Last name / Age F M **AFFILIATION:** _____

First name / Last name / Age F M **AFFILIATION:** _____

First name / Last name / Age F M **AFFILIATION:** _____

First name / Last name / Age F M **AFFILIATION:** _____

ACTUAL ADDRESS OF APPLICANT:

Number Street City (L.B.) Province Postal code

SITUATION: Single With spouse With roommate Intergenerational

CHILDREN 0-17 ANS (from younger to older):

Child 1 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 2 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 3 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 4 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 5 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 6 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 7 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____
Child 8 :	<input type="checkbox"/> F <input type="checkbox"/> M	Age : _____	With special needs : <input type="checkbox"/>	Under shared custody <input type="checkbox"/>	% Time _____

ESTIMATED ANNUAL REVENU OF POTENTIAL HOUSEHOLD:

LESS THAN 22 500\$ 22 501\$ À 30 000\$ 30 001\$ À 35 000\$ MORE THAN 35 001\$

COMMENTS : _____

SPECIFIC CONSTRAINTS OR NEEDS (PHYSICAL/PSYCOLOGICAL/MEDICAL, ETC) : _____

(Do not complete this section)

NUMBER OF BEDROOMS NEEDED (Report yourself to the rule for the attribution of dwellings)

1 BR 2 BR 3 BR 4 BR 5 BR

Extracted from S-8, r. 1 By-law respecting the allocation of dwellings

A dwelling in low rental housing may be allocated, depending on the subcategory to which it belongs, only in accordance with the following rules:

- (1) a studio apartment shall be allocated to a single person;
- (2) the first bedroom shall be allocated to the head of the household and his spouse, if any;
- (3) an additional bedroom shall be allocated to any additional person included in the household; 2 persons less than 7 years of age shall share a bedroom;
- (4) an additional bedroom is allocated to a handicapped person whose disability or means used to compensate for the handicap prevents the person from sharing a bedroom;
- (5) a bedroom may be occupied by 2 persons of the same sex of 7 years of age or older;
- (6) if custody of a child is shared, an additional bedroom is allocated only if the child lives with the household in question at least 40% of the time.

The lessor may, by by-law, establish allocation conditions or criteria different from those provided for in this section in order to take into account the specifics of a shared custody order, the size of the dwelling or exceptional cases.

SIGNATURE OF APPLICANT : _____

INITIALS: _____