



COMMUNAUTÉ
HADLEY
COMMUNITY

HOUSING APPLICATION

Resident Responsibilities

The resident will meet with an intervention team to work together on personal goals and objectives. The resident will pay the rent on the first day of each month. The resident will be part of our community with participation in daily activities, chores, and resident meetings.

PART I

☐ Main House ☐ John's House ☐ Anne's House ☐ Seymour House

Applicant

First name:

Date of Birth:

Last name:

YYYY/MM/DD

Languages spoke:

Mobile phone number:

Email Address:

Current Address

City:

Province:

Postal Code:

How long have you lived in Montréal?

Reason for leaving previous housing?

Citizenship

Are you a Canadian citizen? ☐ Yes ☐ No

Are you a permanent resident? ☐ Yes ☐ No

If not a Canadian citizen or permanent resident, provide your current status:

Employment

☐ Employed part-time ☐ Unemployed ☐ Work Program ☐ Volunteering ☐ Student

Have you attended/completed a PAS Action/ Pre-employment program? ☐ Yes ☐ No

If yes, when and where?

Financial Situation

Monthly income:

Annual income:

Source of income:

How do you budget your money?

Do you have any debts?

Housing

Are you looking for long term housing? ☐ Yes ☐ No

By what date do you need housing?

For how long do you need housing?

Legal Status

Do you have a pending court date? ☐ Yes ☐ No

Do you have a any active judicial records? ☐ Yes ☐ No

If yes, please explain:

Medical History

(please attach your medical history)

Are you presently being treated for a medical condition? ☐ Yes ☐ No

Clinical mental health diagnosis:

Onset of mental illness:

Last hospitalizations:

Reasons for hospitalizations:

History of suicide ideation:

Treatment for physical health condition:

Are you taking any medications? ☐ Yes ☐ No

How is your medication monitored:

Are you taking any non-prescription drugs? ☐ Yes ☐ No

Please indicate if you have any of the following health limitations:

☐ Addictions ☐ Diabetes ☐ Fibromyalgia ☐ Memory ☐ Other

Full mobility: ☐ Yes ☐ No

Do you require accompaniment?

Adaptive Transport?

Ambulatory aids?

PART II – Activities & Daily Living

Hygiene Maintenance

Reminders needed for: ☐ Laundry ☐ Personal Hygiene ☐ Room Maintenance

Other:

Smoking: ☐ Smoker ☐ Non-smoker

Do you agree to smoke & vape outside your housing unit?

**Hadley Community only allow government issued cigarettes*

Sleeping pattern:

Do you have trouble sleeping? ☐ Yes ☐ No

If you are up during the night, what is your customary behavior?

Personal Health Providers and Support Services

Hospital:

Telephone:

Psychiatrist:

Telephone:

Curator:

Telephone:

Other:

Telephone:

Refferals

Each applicant must have two referrals that can attest to the information provided by the applicant. Referrals must know the client for more than 3 months and have a good understanding of their abilities and be able to recommend that the applicant be part of the Hadley Community. These individuals will be contacted for more information by the selection committee.

This section of the application is to be considered an authorization to communicate.

Name of Organization and worker:

Telephone:

Name of Organization and worker:

Telephone:

Emergency Contact

Full Name:

Relationship:

Phone number:

I agree to the expectations of Hadley Community and the above information is correct,

Signature

Date

All applications for Hadley Community housing programs can be sent to:

Address: 1197 Seymour, Montreal QC H3H 2A4

Email: managerclientservices@nazarethcommunity.com

Tel: 514-933-6916 x.218 **Fax:** 514-819-9957

