



## 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 – Personal Information

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

## Applicant

**First name:**

**Date of Birth:**

**Last name:**

**YYYY/MM/DD**

**Language(s) spoken:**

**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:

Yearly 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:    Oui    Non

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-smoking

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

\*The Hadley Community only allow government issued cigarettes

Sleeping pattern:

Do you have trouble sleeping?

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:

Other:

Telephone:

## PART III – References and Attestation

### References

---

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:**

**Name of Organization and Worker:**

**Telephone:**

### Emergency Contact

---

**First name:**

**Last name:**

**Relation:**

**Telephone :**

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

---

**Signature**

**Date**

**Additional Comments**

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

**Address:** 1197 Seymour, Montréal QC H3H 2A4

**Email:** [managerclientservices@hadleycommunity.ca](mailto:managerclientservices@hadleycommunity.ca)

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

