



APPLICATION FORM

1) General information:

Last name: _____ First name: _____ Date of birth: _____
Spouse's name: _____ Spouse's date of birth: _____
Address: _____ Town/City: _____ Postal Code: _____
Telephone: _____ Cellular: _____ Email: _____

2) Information: Contact person (if other than the applicant)

Family name: _____ First name: _____
Address: _____ Town/City: _____
Telephone: _____ Cellular: _____ Email: _____

3) Motivation:

What is the main reason you would like to move to Villa Youville?

4) When do you hope to be able to live at Villa Youville?

As soon as possible In 1 to 5 years Not before 5 years

5) I am francophone: yes no

My spouse is francophone: yes no

6) Accommodation preference:

Please indicate your preference ("1" - preferred, "2" - acceptable, "NA" - not acceptable):

	<u>MOTEL 1</u>	<u>MOTEL 11</u>	<u>MOTEL 111</u>	<u>PAVILLON</u>
Studio (bachelor)	<input type="checkbox"/>	<input type="checkbox"/>	--	
1 bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 bedrooms	<input type="checkbox"/>	--	<input type="checkbox"/>	

7) Mandatory declaration for applicants

I declare that the information provided is correct and truthful to the best of my knowledge;

I acknowledge that this application in no way obliges Villa Youville to provide me with a lodging accommodation;

I understand that the independent living (Motels) is subsidized (low-income) housing and subject to a maximum household income of \$53,000 annually.

I acknowledge that Villa Youville incorporated is a Francophone establishment and I freely accept to respect the linguistic and cultural values of the establishment as long as I stay at Villa Youville.

Applicant's signature

Date

Spouse's signature (if applicable)

Date

If the application has been filled by someone other than the applicant requesting accommodation:

Print name

Signature

Date

Relation to applicant

Reserved for administration:

Date recu: _____

Commentaire: _____

Recommandation de l'administration:

Accepté Refusé

Nom

Poste

Signature

Date

Décision finale du Comité d'admission:

Accepté Refusé

Signature de la Présidence

Date