

Anne's House is a residence located in the Shaughnessy Village. The residence aims to help women at risk of homelessness, and / or having a mental health problem. Anne's House provides assistance and support by offering diverse programs and services that are adaptable to each individual with the focus on empowerment and cooperation.

**Applicant:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone/Contact Information: \_\_\_\_\_

Are you a Canadian citizen? YES/ NO \_\_\_\_\_

Are you a permanent resident? YES/NO \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Earnings**

Amount of monthly income: \_\_\_\_\_

Amount of annual income: \_\_\_\_\_

Source of income : \_\_\_\_\_

Wage: \_\_\_\_\_

Amount of social assistance: \_\_\_\_\_

Amount of unemployment benefits: \_\_\_\_\_

Amount of CSST: \_\_\_\_\_

CPP / QPP: \_\_\_\_\_

Other): \_\_\_\_\_

**Are you an active participant in a community organization?**

YES NO \_\_\_\_\_

If so, where \_\_\_\_\_ how long? \_\_\_\_\_

**Do you have any major health issues (mental health included)?** YES/ NO \_\_\_\_\_

If so, please describe the diagnosed medical condition:

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**Have you experienced homelessness in the past three years?** YES/ NO \_\_\_\_\_

**Do you think you are at risk to become homeless?** YES /NO \_\_\_\_\_

The lessee will be required to meet regularly with the staff of the Anne to assess the ability of it to set and achieve realistic goals. The tenant must pay the rent on the first day of each month.]The tenant must provide a letter of reference from a community group, owner, or social worker.

Anne's House is a community. The resident must be part of this community. Participation in daily tasks, chores community activities and scheduled events is essential for every resident of the Anne.

I, the undersigned that the information provided is correct,

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Signature Date: \_\_\_\_\_

**Contact :**

Nazareth Community Inc. - Anne House

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