

McGreevy Manor Interest Form
Holland Community Housing Corporation

Confidential

Section 1: Your contact information

1.1 Your personal information

Last name: _____ First name: _____

Date of birth (yyyy/mm/dd): _____ / _____ / _____

Address: _____ Apt. #: _____

Postal code: _____ City: _____

Home phone: _____ Cellular phone: _____

E-mail: _____

1.2 Personal information of the individual who would share the apartment with you (if applicable).

Last name: _____ First name: _____

Their relationship to you: _____

Date of birth (yyyy/mm/dd): _____ / _____ / _____

1.3 Your annual income as declared on line 150 of your 2014 federal income tax return

(We ask for this information because some of the apartments are reserved for low to middle-income seniors)

\$ _____

Section 2: Your needs

2.1 Type of apartment

McGreevy Manor includes 29 units with 3½ rooms and 10 units with 4½ rooms. The 4½-rooms will be assigned by the Selection Committee based on a needs assessment.

Do you need an apartment adapted for reduced mobility? Yes No

If yes, please describe type of reduced mobility

2.2 Do you use any of the following walking aides? Yes No

Cane Wheelchair Walker Mobility Scooter

2.3 Do you have any difficulty with the following?

Using the stairs Moving long distance Other (please specify): _____

Your last name:

Your first name:

2.4 Do you have any other particular needs?

Yes No

If yes, please explain.

2.5 Would you like to have meal services?

Each apartment has a kitchen. If you prefer, however, you can use the cafeteria at Saint Brigid's Home for an additional charge.

Yes No Occasionally

If yes, which meals? Check all boxes that apply Breakfast Lunch Dinner

2.6 Do you own car for which you need a parking space?

13 parking spaces are available for rent for the tenants only. A fee will apply.

Yes No

2.7 Current residence status

Are you a: Tenant or Owner

Or Other (please specify) _____

2.8 Available to move?

Would you be ready to sign a lease as soon as an apartment becomes available? Yes No

After the sale of your house

When your lease ends on (please specify date) (yyyy/mm/dd) _____ / _____ / _____

2.9 Presently, do you have any of these services? Check all boxes that apply

CLSC (social worker, day center, nurse, occupational therapist)

Jeffery Hale Community Services (former Holland Centre)

Laundry Call bell Grocery (delivery) Pharmacy (delivery)

Housekeeping N/A

Other (please specify): _____

Do you have a family doctor? Yes No

If no, please specify how you receive medical care?

Your last name:

Your first name:

Section 3: Other information about you

3.1 Do you have family/friend support in Quebec City?

Yes No

If yes, please specify where and who.

3.2 Are you a caregiver for a family member or friend?

Yes No

If yes, please specify where and type of care.

3.3 Have you been involved in your community (either as a volunteer or a paid employee)?

Yes No

If yes, please tell us about it.

3.4 Why do you want to move to McGreevy Manor? How will it improve your quality of life?

Section 4: Your comments and questions

4.1 Is there anything else you would like us to know; any questions or concerns you may have?

Your last name:

Your first name:

Section 5: Your signature

Signature: _____

Date (yyyy/mm/dd): _____

**If you have any questions or need help with this form,
please call Nectaria Skokos at 418 684-5333, extension 1517.**

Please return this form to:

Holland Community Housing Corporation
Attn: Nectaria Skokos
1270, Chemin Ste-Foy, suite 2000
Québec (Québec) G1S 2M4

Important notes:

Filling out this form does **not** guarantee that you will obtain an apartment.

McGreevy Manor is entirely separate from Saint Brigid's Home. It does not provide faster access to move into Saint Brigid's or access to its services, other than the cafeteria and hairdressing (for a fee).

Thank you!