

**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 15000 (formerly line 150) of your most recent federal income tax return (2023).**

(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  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.**

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

Yes       No

**If yes, please specify where and type of care.**

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**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.**

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

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**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?**

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Your last name:

Your first name:

### **Section 5: Consent**

By signing this document, I consent to providing my personal information to Holland Community Housing Corporation.

I understand that I have the right to withdraw my consent at any time by contacting the Privacy Officer, Nectaria Skokos at [privacy@mcgreevym Manor.org](mailto:privacy@mcgreevym Manor.org) or by calling her at 418-684-5333, ext. 12012.

I also understand that I have the right to modify or correct my personal information by contacting the above individual.

### **Section 6: 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 12012.**

Please return this form to:

Holland Community Housing Corporation  
Attn: Nectaria Skokos  
1270, Chemin Ste-Foy, suite 2000  
Québec (Québec) G1S 2M4  
[nskokos@jhp partners.net](mailto:nskokos@jhp partners.net)  
F : 418-684-2295

### **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!