



Environmental Health Association of Quebec:

[www.aseq-ehaq.ca](http://www.aseq-ehaq.ca) (514) 683-5701

## Eco Healthy Housing Project Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

Other: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you suffer from:                       | ES/MCS                   | CFS                      | Fibromyalgia             | Electro Sensitivity      |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How many people are in your family:       | Adults                   | Children                 |                          |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 3. Are you interested in affordable housing: | Yes                      | No                       |                          |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 4. Would you prefer to buy your own condo:   | Yes                      | No                       |                          |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |

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Notes:

**Please send completed form to ASEQ-EHAQ:**

Email: [office@aseq-ehaq.ca](mailto:office@aseq-ehaq.ca)

Fax: 514-683-2468

Post: ASEQ-EHAQ, 6 Trianon, Dollard-des-Ormeaux, QC, H9A 2H8

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