

File Number

P-

Application for Assistance  
Landlord

Information about the owner of the dwelling to be adapted			
Private individual	Ms. Mr.	Owner's last name (1)	First name Social insurance number
	Ms. Mr.	Owner's last name (2)	First name Social insurance number
Company	Coop Corporation NPO Limited partnership or general partnership		
	Company name		Representative's name Quebec enterprise number (NEQ)
Address (number, street, apartment)		Municipality	Postal code
E-mail address		Area code	Phone number

Information on the dwelling to be adapted	
Address (number, street, apartment)	
Municipality	Postal code Provincial electoral division code (PED)
Type of dwelling (Check if applicable)	Family-type resource Intermediate resource with nine places or fewer Certified seniors' residence with nine places or fewer

Information on the eligible person	
Last name	First name
Address of the eligible person (if different from the dwelling to be adapted)	
Municipality	Postal code Area code Phone number
Does this person live with another eligible person? Yes No	
Name of the eligible person's representative, if applicable	
Area code Phone Number	

Financial assistance	Amount	Revised file				
Assistance of \$16,000 per eligible person	\$	\$				
Additional assistance of \$7,000 per eligible person (indicate the eligibility criteria)						
<table border="1"> <tr> <td>Criteria 1 Household income equal to or less than the AIL</td> <td>Criteria 2 Change in the eligible person's situation (same dwelling for one to five years)</td> </tr> <tr> <td>Criteria 3 Home extension</td> <td>Criteria 4 Need to install three pieces of specialized equipment (only one door opener can be counted)</td> </tr> </table>	Criteria 1 Household income equal to or less than the AIL	Criteria 2 Change in the eligible person's situation (same dwelling for one to five years)	Criteria 3 Home extension	Criteria 4 Need to install three pieces of specialized equipment (only one door opener can be counted)	+\$	+\$
Criteria 1 Household income equal to or less than the AIL	Criteria 2 Change in the eligible person's situation (same dwelling for one to five years)					
Criteria 3 Home extension	Criteria 4 Need to install three pieces of specialized equipment (only one door opener can be counted)					
Additional assistance of \$10,000 for specialized equipment per eligible person (Household income is equal to or less than the AIL and it is necessary to install a lifting device or ceiling patient lift)	+\$	+\$				
Financial assistance already received from the Société d'habitation du Québec during the five previous years for adaptation work at the same dwelling	-\$ ( )	-\$ ( )				
Maximum financial assistance	=\$	=\$				
Recognized cost of eligible work (box 4, Summary Quotation)	\$	\$				
<b>RECOGNIZED FINANCIAL ASSISTANCE</b> (The lesser of the following : maximum financial assistance OR recognized cost of eligible work))	\$	\$				

**Notice – Protection of personal information**

Personal information collected by the Société d’habitation du Québec or its partners is required for the purposes of the Act respecting the Société d’habitation du Québec, its regulations and the programs adopted pursuant to the Act and regulations. All such information will be handled confidentially. Failure to provide this information may result in the refusal of the financial assistance requested. The Société d’habitation du Québec will disclose this information only to its authorized personnel or its partners and, in exceptional circumstances, to certain government departments or agencies in accordance with the Act respecting access to documents held by public bodies and the protection of personal information. The information may also be used for statistical purposes, research or surveys. You have the right to access the personal information concerning you and to correct it. For additional information, please contact the officer of the Société d’habitation du Québec responsible for the protection of personal information.

**Section 36 of the Residential Adaptation Assistance Program**

Any person who makes a false declaration that has the direct or indirect result of causing the Société to pay financial assistance to which the owner of the dwelling or the eligible person was not entitled shall reimburse the amount of that assistance to the Société. For the purposes of this section, a false declaration is any erroneous declaration of information and any information that is clearly incomplete.

**Declaration of the eligible person or their representative**

I declare that the dwelling in which the adaptation work is carried out is or will be my principal residence and that I am not receiving any other financial assistance from a government agency or insurance company for the performance of the eligible adaptation work in my dwelling. I confirm that I have read the notice concerning the protection of personal information, as well as section 36 of the Residential Adaptation Assistance Program, the text of which is reproduced on this form. I agree to allow the Société d’habitation du Québec to share all the information about me contained in this file needed for the implementation and application of the Program with the partner administering the program, and with the Health and Social Services Network or any other government agency concerned.

**Signature of the eligible person or their representative**

Name (in block letters)	Signature	Year	Month	Day

**Program conditions and requirements**

- When the residential adaptation work includes the installation of specialized equipment, the Société can require that the owner commit to giving this equipment back to the Société if, within five years of the payment of the financial assistance, the equipment is no longer needed to meet the needs of the eligible person for whom it was installed..
- The program does not apply to work carried out before authorization is given by the Société d’habitation du Québec or its municipal partner.
- The Société d’habitation du Québec may cancel its commitment to pay the financial assistance if the work is not carried out within twelve (12) months of the date on the certificate of eligibility.

**Declaration of the owner or their representative**

I declare that all the information that I have provided herein and in the documents required by the Residential Adaptation Assistance Program is true and complete. I confirm that I have read the notice concerning the protection of personal information, as well as section 36 of the residential Adaptation Assistance Program, the text of which is reproduced on this form. I agree to allow the Société d’habitation du Québec, the partner administering this program, the Health and Social Services Network, as well as any other government agency concerned to share all the personal information about me in this file that is needed for the implementation and application of the Program. I also confirm that I have read the program conditions and requirements described on this form and I undertake to observe them. I also understand that I cannot commence work done until I have received written authorization (certificate of eligibility) from the Société d’habitation du Québec or the municipal partner and that work commenced before this authorization is received will not be eligible for financial assistance as part of the Residential Adaptation Assistance Program..

**Signature**

	Signature	Year	Month	Day
<b>Owner 1 or their representative</b>				
	Signature	Year	Month	Day
<b>Owner 2 or their representative</b>				

**Partner’s declaration**

I, the undersigned, the partner’s authorized representative, declare that I have analyzed this application for financial assistance under the Residential Adaptation Assistance Program, as well as the documents attached. On the basis of these documents and the information in them, I declare the following :

- the dwelling to be adapted is eligible for the Program. Among other things, the building is not located in a flood zone;
- the disabled person and the housing unit that serves as their dwelling are eligible for the Program;
- the eligible work complies with the Program requirements;
- the contractor chosen by the owner holds the appropriate licence from the Régie du bâtiment du Québec, and the licence is valid as of the date of issuance of the certificate of eligibility.

Accordingly, a certificate of eligibility was issued for this dwelling on (YYYY-MM-DD) \_\_\_\_\_, pursuant to the Residential Adaptation Assistance Program, for financial assistance totalling \$ \_\_\_\_\_.

Partner’s name (municipality or RCM)	Partner’s code	Area code	Fax number
			-
Authorized representative’s name	Area code	Phone number	
		-	

Distance between the dwelling to be adapted and the partner’s place of business :                      50 km or less                      Over 50 km

	Signature	Year	Month	Day
<b>Signature of the authorized representative</b>				