

File number

P-

**Application for Assistance –
Owner Occupant
Professional Support Option**

Information about the owner of the dwelling to be adapted				
Owner occupant		Landlord/landlady		
Private individual	Ms. Mr.	Last name of the owner or their representative (1)	First name	Social insurance number
	Ms. Mr.	Last name of the owner or their representative (2)	First name	Social insurance number
Company	Coop Corporation NPO Limited 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:	Family-type resource Certified private seniors' residence (with nine places or fewer)	

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

Financial assistance	Amount	Revised file
Assistance of \$16,000 per eligible person	\$	\$
Additional assistance of \$7,000 per eligible person (indicate the eligibility criteria)		
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 the installation of a lifting device or a ceiling patient lift is necessary).	+\$	+\$
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)	\$	\$
RECOGNIZED FINANCIAL ASSISTANCE (The lesser of the following: maximum financial assistance OR the 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 or 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	Date

Program conditions and requirements

- The program does not apply to work carried out before the *Société d’habitation du Québec* or its partner has given authorization.
- Only authorized work can benefit from financial assistance.
- Work must be carried out by a contractor who is listed in the RBO’s licence-holder repertory, who has valid GST and QST numbers and who does not appear on the register of enterprises ineligible for public contracts.
- 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.
- When the residential adaptation work includes the installation of specialized equipment, the *Société* can require that the owner undertake to give this equipment back if, within five years of payment of the financial assistance, the equipment is no longer needed to meet the needs of the eligible person for whom it was installed.

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 of the owner or their representative

	Signature	Year	Month	Day
Owner 1 or their representative				
	Signature	Year	Month	Day
Owner 2 or their representative				

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;
- 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;

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 head office: 50 km and under Over 50 km

Signature of the authorized representative	Year	Month	Day

Information sheet – To be given to the owner occupant

Residential Adaptation Assistance Program

IMPORTANT INFORMATION

Important information about the steps to take to have adaptation work done

The owner occupant is responsible for the adaptation work of their dwelling.	
Commencement of work	Work carried out before the <i>Certificate of Authorization</i> is issued is not eligible for financial assistance.
Performance of work	The work performed consists of the item(s) described in the <i>Detailed Quotation</i> , which includes the established price for the work.
Requesting quotations	The owner occupant must contact the contractor(s) of their choice to receive quotations.
The contractor chosen must:	<ul style="list-style-type: none"> • have GST and QST numbers: https://www.revenuquebec.ca/fr/salle-de-presse/nouvelles-fiscales/details/106611/2016-09-26/; • not appear on the register of enterprises ineligible for public contracts: https://amp.gouv.qc.ca/rena/; • have the appropriate RBQ (Régie du bâtiment) licence: https://www.pes.rbq.gouv.qc.ca/RegistreLicences.
No subsidy will be paid if the work is done prior to the issuance of the <i>Certificate of Eligibility</i> or by a contractor who does not meet the program requirements.	
Work modifications	The owner occupant shall inform the municipal partner of any modifications in the nature of the work, such as elements added or removed, because these can have a direct impact on the financial assistance.
Mandatory invoices	<p>Upon completion of work, the owner occupant shall provide all detailed invoices, which shall include:</p> <ul style="list-style-type: none"> • the contact information of the contractor(s), their licence number and their GST and QST numbers; • a description of the work, for example, the characteristics of the access ramp (slope, length, materials), or of any other equipment; • details of the total amounts for every work-related expense.
Financial assistance	Upon completion, if the work corresponds to the <i>Detailed Quotation</i> , the municipal partner shall pay the lesser of the following amounts: the total of the invoices OR the cost established initially.
Support provided by the municipal partner	The owner occupant may ask the municipal partner for guidance at any time during the process.
No financial assistance will be paid for unauthorized work.	