

Application Form

<b>File Number</b>
<b>P-</b>

Information on the owner of the dwelling to be adapted				<input type="checkbox"/> Owner-occupier	<input type="checkbox"/> Landlord
<b>Natural person</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Owner's surname (1)	First name	Social insurance number	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Owner's surname (2)	First name	Social insurance number	
<b>Legal person</b>	<input type="checkbox"/> Limited or general partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Coop <input type="checkbox"/> Non-profit organization				
	Company name		Representative's name		Québec Enterprise No.
Address (Number, street, apartment)		Municipality	Postal Code	Area code	Telephone number

Information on the dwelling to be adapted					
Address (Number, street, apartment)		Municipality	Postal Code	Provincial electoral division	Code number
Type of dwelling					
Check if applicable	<input type="checkbox"/> Family-type resource	<input type="checkbox"/> Intermediary resource with nine places or less	<input type="checkbox"/> Certified seniors' residence with nine places or less		

Information on the eligible person				
Surname		First name	Area code	Telephone number
Address of eligible person (if different from the dwelling to be adapted)			Does this person live with another eligible person?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the eligible person's representative (if any)			Area code	Telephone number

Financial assistance	Amount	File reviewed				
<b>Assistance of \$16,000</b> per eligible person	\$	\$				
<b>Additional assistance of \$7,000</b> per eligible person (indicate eligibility criterion)						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Criterion 1</b>                      Household income equal to or less than the <del>Q\$</del> <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;"> <b>Criterion 2</b>                      Change in eligible person's situation (same dwelling between one and five years) <input type="checkbox"/> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Criterion 3</b>                      Home extension <input type="checkbox"/> </td> <td style="vertical-align: top;"> <b>Criterion 4</b>                      Need to install three specialized devices (only one door opener will count) <input type="checkbox"/> </td> </tr> </table>	<b>Criterion 1</b> Household income equal to or less than the <del>Q\$</del> <input type="checkbox"/>	<b>Criterion 2</b> Change in eligible person's situation (same dwelling between one and five years) <input type="checkbox"/>	<b>Criterion 3</b> Home extension <input type="checkbox"/>	<b>Criterion 4</b> Need to install three specialized devices (only one door opener will count) <input type="checkbox"/>		
<b>Criterion 1</b> Household income equal to or less than the <del>Q\$</del> <input type="checkbox"/>	<b>Criterion 2</b> Change in eligible person's situation (same dwelling between one and five years) <input type="checkbox"/>					
<b>Criterion 3</b> Home extension <input type="checkbox"/>	<b>Criterion 4</b> Need to install three specialized devices (only one door opener will count) <input type="checkbox"/>					
	\$ +	\$ +				
<b>Additional assistance of \$10,000 for specialized equipment</b> per eligible person (Household income equal to or less than the <del>Q\$</del> and need to install an elevator or rail-mounted personal lift)	\$ +	\$ +				
<b>Financial assistance already received</b> from the Société d'habitation du Québec during the last five years for adaptation work in the same dwelling	\$ (       ) -	\$ (       ) -				
<b>Maximum financial assistance</b>	\$ =	\$ =				
<b>Recognized cost of eligible work</b> (Box 4, Summary Specification)	\$	\$				

<b>RECOGNIZED FINANCIAL ASSISTANCE</b> (The lesser of the maximum financial assistance and 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 treated in confidence. Failure to provide this information may cause the requested financial assistance to be refused. The Société d'habitation du Québec will disclose this information only to its authorized personnel or to its partners, and in exceptional circumstances, to certain government departments and 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 and surveys. You are entitled to access the personal information concerning you, and to make corrections to it. For further details, please contact the officer of the Société d'habitation du Québec who is responsible for the protection of personal information.

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

A 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 his/her representative**

I hereby declare that the dwelling in which the adaptation work will be carried out is or will be my principal residence, and that I am not receiving any other financial assistance from a government agency or an insurance company for the performance of the admissible 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 give permission for all personal information concerning me in this file, which is necessary for the implementation and application of the Program, to be exchanged between the partner administering the Program, the Société d'habitation du Québec, the health and social services network and any other government agency concerned.

<b>Signature of eligible person or representative</b>		<b>Date</b>	Year	Month	Day

**Program conditions and requirements**

- Where the adaptation work includes the installation of specialized equipment, the Société may require an undertaking from the owner of the dwelling to return the equipment to the Société if, within five years following payment of the financial assistance, the equipment is no longer required to meet the needs of the eligible person for whom it was installed.
- The Program does not apply to work carried out prior to authorization from the Société d'habitation du Québec or its municipal partner.
- The Société d'habitation du Québec may cancel its undertaking to pay the financial assistance if the work is not carried out within twelve (12) months following the date shown on the certificate of eligibility.

**Declaration of the owner or his/her representative**

I hereby declare that all the information that I have provided on this form and in the documentation 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 give permission for all personal information concerning me in this file, which is necessary for the implementation and application of the Program, to be exchanged between the partner administering the Program, the Société d'habitation du Québec, the health and social services network and any other government agency concerned. I confirm that I have read the Program conditions and requirements described on this form, and undertake to comply with them. I also understand that I cannot undertake the work before obtaining written authorization (certificate of eligibility) from the Société d'habitation du Québec or its municipal partner, and that work undertaken before such authorization is obtained shall not be admissible for financial assistance under the Residential Adaptation Assistance Program.

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

**Partner's declaration**

Partner's name			Partner's code		
Name of authorized representative		Area code	Telephone number	Area code	Fax number

Distance between the dwelling to be adapted and the partner's place of business:  50 km or less  More than 50 km

I, the undersigned, authorized representative of the partner, hereby declare that I have examined this application for financial assistance under the Residential Adaptation Assistance Program, along with the attached documents. Based on these documents and the information they contain, I declare as follows:

- The dwelling to be adapted is eligible for the Program. Among other things, it is not situated in a flood zone.
- The disabled person and the housing unit that serves as his or her domicile are eligible for the Program.
- The eligible work is in compliance with the Program's requirements.
- The contractor selected by the owner of the dwelling has an appropriate licence from the Régie du bâtiment du Québec, which was in force on the date on which the certificate of eligibility was issued.

Accordingly, a certificate of eligibility was issued for the dwelling in question on \_\_\_\_\_, pursuant to the Residential Adaptation Assistance Program, for financial assistance totalling \$ \_\_\_\_\_.

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