

Application Form (Appendix)

File Number
P-

(To be completed where there is more than one eligible person for the same dwelling)

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 AIL    <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 AIL <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 AIL <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 AIL <b>and</b> need to install an elevator or rail-mounted personal lift)	\$ +	\$ +				
<b>Financial assistance already received</b> from the Société d'habitation du Québec <b>during the last five years</b> for adaptation work <b>in the same dwelling</b>	\$ (    ) -	\$ (    ) -				
<b>Maximum financial assistance</b>	\$ =	\$ =				
<b>Recognized cost of eligible work</b> (Box 4, <i>Summary Specification</i> )	\$	\$				

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