

| File Number |
|-------------|
| |

Name of Program:

I, _____

domiciled at _____
(Full address of owner)

hereby authorize _____
(Name of designated person)

domiciled at _____
(Full address of designated person)

to act for me and on my behalf, and to sign all documents concerning the assistance granted by the
Société d'habitation du Québec through its partner organisation, as part of the program to which this
Power of Attorney applies, for the building located at

(Address of the building covered by the program)

Signature

Date

Signature of witness

Date