

## Application for Joint Payment

File number

### Municipal partner

Name (Please print)

### Partner's authorized representative

Name (Please print)

### Information about the owner(s)

Name (Please print) (1)

Name (Please print) (2)

Address (number, street, apartment)

Municipality

Postal code

### Statement by the owner(s)

I hereby request that the cheque to be issued to me in payment of the amounts that are or will be owed to me by the Société d'habitation du Québec (SHQ), through its partner under the program covered by this application, be made payable to me and to the order of :

Name of third party (Please print) \_\_\_\_\_

RBQ licence number (in the case of a contractor) :

I also authorize the SHQ's partner to notify the aforementioned person or organization of my decision. I further acknowledge that the partner and the SHQ assume no liability if, by error, the name of this person or organization is not included on the cheque to be issued.

Signature (1)

Signature (2)

Year

Month

Day

### Witness

Name (Please print)

Signature

Year

Month

Day