

Residential Adaptation Assistance Program

Work progress report and payment recommendation

File Number

Intermediate Final

Building Address		
Number, street, apartment	Municipality	Postal Code

Work divisions	Recognized amount in the summary specification	Percentage of progress	Corresponding amount
1. Outdoor areas and access	\$	%	\$
2. Indoor circulation (rental building)	\$	%	\$
3. Indoor circulation (dwelling)	\$	%	\$
4. Kitchen	\$	%	\$
5. Bathroom	\$	%	\$
6. Other architectural work and expansion	\$	%	\$
7. Plumbing, electricity and other mechanical work	\$	%	\$
8. Removal	\$	%	\$
Total	A \$		B \$
Average percentage of work progress $B \div A$			%

Specialized equipment installed as part of the work			
Outdoor elevator platform	Oblique elevator platform	Electric door opener	Access ramp
Indoor elevator platform	Elevator seat	Personal lift on rails	No equipment

Partner's comments (add additional sheets if necessary)
Any changes made after the issuance of the certificate of eligibility must be justified in this section.

Acceptance of work			
I declare that I am the owner of the building and I accept the work as executed.			
Owner's signature			
Signature (1)	Signature (2)	Year	Month Day

Execution of work				
I hereby declare that I have carried out all the work for which I tendered.				
Contractor's signature and invoice amount				
1	Company name	Signature	Invoice amount \$	Year Month Day
2	Company name	Signature	Invoice amount \$	Year Month Day
3	Company name	Signature	Invoice amount \$	Year Month Day

Signature of accredited inspector				
Name (Please print)	Signature	Inspector's number	Year	Month Day

Payment recommendation	
After examining the Work Progress Report and related documents, I confirm, as a partner of the Société d'habitation du Québec, that the work recognized under the program has been carried out in a satisfactory manner and that the owner is therefore entitled to receive the financial assistance stipulated in the program.	
Accordingly, I recommend payment of financial assistance in the amount of	\$

Signature of authorized representative			
Name (Please print)	Signature	Year	Month Day