## RÉNORÉGION PROGRAM (PRR) 2023-2024

**REGISTRATION FORM :** to be sent to the municipality before **June 20, 2023**

|  |
| --- |
| **To be admissible, you have to :**   * be owner-occupant; * be a Canadian citizen or have permanent resident status; * be part of a household whose total income is less than or equal to the maximum eligible income for the program, which varies according to the size of the household and the region; * be the owner of a building whose value, excluding the land, must be less than or equal to the maximum value established by the municipality or the MRC, namely $150,000. |

|  |  |  |  |
| --- | --- | --- | --- |
| **owner-occupants** | | | |
| Owner 1 | | | |
|  | | | |
| Phone number (home) | | Phone number (cell) | E-mail |
|  | |  |  |
| Owner 2 | | | |
|  | | | |
| Phone number (home) | Téléphone (travail) | Phone number (cell) | E-mail |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **dwelling** | | | | |
| Address | | Municipality | | Postal code |
|  | |  | |  |
| **building typê** | | | | |
| Detach or semi-detached | Duplex | Mobile home  🌕 land owner  🌕 land tenant | Condominium (max 2 dwellings) | |
| Intergenerational | Townhouse | Other (specify) : | |
| Does the building include spaces other than the eligible dwelling (e.g. commercial, rental accommodation)?  Yes  No | | | | |
| If it is a foster home or a rooming house, please specify the number of places available or rooms offered for rent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foster home :       places (maximum 9)  Rooming house :       rooms (maximum 3) | | | | |
| Building value according to the municipal tax account (2021) :            Year of construction:  How long have you lived in this dwelling as your main residence? | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HOUSEHOLD** | | | |
| **Owners** | | | |
| Last Name | Fisrt name | Date of birth (AAAA/MM/JJ) | |
|  |  | /     / | |
| Last Name | Fisrt name | /     / | |
| **Spouse (if not an owner of the building)** | | | |
| Last Name | Fisrt name | Date of birth (AAAA/MM/JJ)       /     / | |
| **Others** | | | |
| Last Name | Fisrt name | Date of birth (AAAA/MM/JJ) | |
|  |  | /     / | |
| Last Name | Fisrt name |  | |
|  |  | /     / | |
| Last Name | Fisrt name | /     / | |
| Last Name | Fisrt name | /     / | |
|  |  |
| **Total number of people in the household :** | | | |
| Are you of aboriginal ancestry?  Yes  No | | | |
| **FINANCIAL ASSISTANCE ALREADY RECEIVED FROM ANOTHER SHQ PROGRAM** | | | | |
| Have you received financial assistance from the Rénovation Québec (PRQ) program in the past 5 years? | | | Yes  No | |
| Have you ever received financial assistance from the RénoRégion program (PRR) in the past 5 years?  Note: Applications submitted by people who have never participated in the PRR will be given priority. | | | Yes  No | |

|  |  |
| --- | --- |
| **WORKS** | |
| **Indicate the major defect(s) affecting your building** | |
| **Essential components of the building affected** | **Cochez :** |
| 1) Exterior walls (exterior siding, sheathing, vapor barrier, flashing)  2) Openings (doors, windows)  3) Exterior constructions (structural elements of galleries, balconies, awnings, exterior stairs)  4) Roof (roof covering, bridging)  5) Structure (foundation and frame of the building)  6) Electricity (wiring, breakout panel, electrical entrance)  7) Plumbing (piping, wells, septic system)  8) Heating (device and heating system)  9) Thermal insulation (insulation of walls, ceiling, foundation) |  |
| **Other admissible major defect(s)** | **Cochez :** |
| Overcrowding  Unfinished Building – Date Construction Started:      /     / |  |
| **Briefly describe the major defect(s) you have detected :** | |

Financial assistance can reach 95% of the cost of eligible work, without however exceeding $20,000 or $25,000 depending on household income. The owner must bear a minimum of 5% of this cost. Your dwelling must require eligible work of at least $3,500 aimed at correcting one or more major defects, which must be observed by the municipal partner during an inspection visit.

**NOTE: Work carried out before the authorization of the municipal partner is not eligible for financial assistance.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **sending the request** |  | **owners signatures** | | |
| Your request must be sent to the following address:  For any other information, contact : |  | I certify that the above information is true and complete and I acknowledge that any erroneous information could jeopardize my request. | | |
|  |
|  | Signature | | AAAA/MM/JJ |
|  |  | |  |
|  | Signature | | AAAA/MM/JJ |
|  |  | |  |
|  | **(À l’usage de la MRC)** | | Reçu à la MRC le **(AAAA/MM/JJ)** |
|  | **Numéro de dossier :** |  |  |

|  |
| --- |
| DOCUMENTS TO ATTACH TO THE REQUEST:  - 2022 Municipal tax account  - 2022 federal income tax return for each person who resides at the applicant's address  - 2022 federal Notice of Assessment for each person residing at the applicant's address  **The file must be complete before being sent to the delivery agent.** |