



RenoRegion Program APPLICATION FORM

To qualify for this program :

- You must be the owner-occupant (primary resident of the owner)
- You must be a Canadian citizen or permanent resident
- Your annual household income must not exceed the allowable maximum limit, which varies depending on the size of your household.
 Couple or 1 pers.: **28,500 to 38,500** - 2-3 pers. : **34,000 to 44,000** - 4-5 pers.: **39,000 to 49,000**
- The value of the residence, excluding the land value, shed or garage, must not exceed \$115,000

OWNER-OCCUPANT			
Owner 1			
Telephone (residence)	Telephone (office)	Cellphone	E-mail
Owner 2			
Telephone (residence)	Telephone (office)	Cellphone	E-mail

RESIDENCE		
Address	Municipality	Postal Code
Type of building : <input type="checkbox"/> Detached House <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium (2 units maximum) <input type="checkbox"/> Mobile Home <input type="checkbox"/> Landowner <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Tenant of the lot		
Does the building include other spaces than the eligible residence (ex. : commercial space, rental house)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If it is a foster home or rooming house, please specify the number of available places or bedrooms for rent :		
<input type="checkbox"/> Foster home : _____ places (max. 9) <input type="checkbox"/> Rooming house : _____ rooms (max. 3)		
Value of the residence (excluding the land value) :\$ _____		
According to the tax statement (year) : \$ _____ Year of construction : _____		
How long have you been living in this property as your principal residence? _____		

HOUSEHOLD			
Owner (s)			
	Last name	First name	Date of birth (AAAA/MM/JJ)
1			/ /
2			/ /
Spouse (if he or she is not the owner)			
	Last name	First name	Date of birth (AAAA/MM/JJ)
1			/ /
Others			
	Last name	First name	Date of birth (AAAA/MM/JJ)
1			/ /
2			/ /
3			/ /
Total number of individuals in the household : _____			
Do you self-identify with, or have ancestry as an Aboriginal person (status or non-status Indian, Métis or Inuit)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PREVIOUS FINANCIAL SUPPORT	
Did you benefit from the RenoVillage Program during the 10 years prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you benefit from the Emergency Repair Program during the 5 years prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you benefit from Québec's Low-rental Housing Program during the 10 years prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you benefit from the RenoRegion Program during the 10 years prior to this application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RENOVATION WORK	
Please indicate the major defect(s) affecting your bulding	
Essential building elements that are affected :	
1) Exterior walls	1) <input type="checkbox"/>
2) Openings (doors, windows)	2) <input type="checkbox"/>
3) Overhangs	3) <input type="checkbox"/>
4) Roofing	4) <input type="checkbox"/>
5) Structure	5) <input type="checkbox"/>
6) Electricity	6) <input type="checkbox"/>
7) Plumbing	7) <input type="checkbox"/>
8) Heating	8) <input type="checkbox"/>
9) Thermal Insulation	9) <input type="checkbox"/>
Other eligible major defects :	
Overcrowding	<input type="checkbox"/>
Unfinished building – Work start date : ____ / ____ / ____	<input type="checkbox"/>
Briefly describe the major defect(s) that you have identified :	

This grant may cover up to 95% of the approved cost for the eligible work, to a maximum of 12 000 \$. **This percentage varies depending on the household income.** Your residence must be in need of eligible renovation work for a minimum of \$2,000 to correct some major defect(s), which will be confirmed by the municipal partner throughout an inspection visit.

NOTE : RENOVATION WORK ALREADY DONE BEFORE THE MUNICIPAL PARTNER APPROVAL ARE NOT ELIGIBLE FOR FINANCIAL SUPPORT.

Each member of the household must provide the following proof of income :

- **Complete Federal notice of assessment 2019**
- **A signed copy of the Federal tax return, as well as the tax records accompanying the tax return**
- **Proof of income from another country if the person immigrated recently to Quebec**

TO SEND APPLICATION
Your application must be sent to the following address :
MRC des Collines-de-l'Outaouais A/S de Madame Annik Jolette 216, chemin Old Chelsea Chelsea (Québec) J9B 1J4 Or to ajollette@mrcdescollines.com
For more information, Tel. : 819-827-0516, ext. 2290

SIGNATURE OF THE OWNER(S)	
<i>I certify that the information provided is true and accurate, and I understand that any incorrect information may affect the eligibility of my application.</i>	
Signature	AAAA/MM/JJ
Signature	AAAA/MM/JJ
(For the use of the MRC)	
Received on (AAAA/MM/JJ)	
File number :	