



VALLÉE-DE-LA-GATINEAU

DÉVELOPPER SERVIR REPRÉSENTER

REQUEST FORM –REPAIR PROGRAM IN REGION

Information on the owner (s)

Name of owner _____ **(IMPORTANT)**
Social Insurance Number Telephone Number

Name of owner _____
Social Insurance Number Telephone Number

Address _____

Municipality _____ Postal Code _____

Have you already benefited from the program RenoVillage? _____ In what year _____

Have you already benefited from the program PRU?

Yes ___ No ___ Year _____

Information on the buiding to renovate: Age of the house ___ Number of persons ___

Others members of the family: ___ Common-law Spouse ___ Children ___ Others

Work to be done (specify)

**IMPORTANT
NOTICE**

YOU HAVE TO SUPPLY WITH THE REQUEST A PHOTOCOPY OF THE FOLLOWING DOCUMENTS:

- Copy of your municipal taxes receipts 2016
- Income tax notices 2016 fédéral
- Income tax and Benefit Return (federal) for each person who had a revenu in 2016

Declaration of the owner(s)

I am the owner of the building mentioned above. This building is my main residence.

Signature of the owner(s) _____ Date _____

PLEASE RETURN THE DOCUMENTS TO THE :MRC DE LA VALLÉE-DE-LA-GATINEAU
7 RUE DE LA POLYVALENTE, C.P. 307
GRACEFIELD (QUÉBEC) J0X 1W0
819-463-3241 ext 221

RECEIVED AT THE MRC AND/OR MUNICIPALITY : _____