

## REGISTRATION FORM 2026-2027

Year of construction :                      How long have you lived in this apartment as a primary residence ?

| HOUSEHOLD COMPOSITION                                                                                                                                   |      |            |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|----------------------------|
| <b>Owner (s)</b>                                                                                                                                        |      |            |                            |
|                                                                                                                                                         | Name | First name | Date of birth (YYYY/MM/DD) |
| 1                                                                                                                                                       |      |            | / /                        |
| 2                                                                                                                                                       |      |            | / /                        |
| <b>Spouse</b>                                                                                                                                           |      |            |                            |
| 1                                                                                                                                                       |      |            | / /                        |
| <b>Other</b>                                                                                                                                            |      |            |                            |
| 1                                                                                                                                                       |      |            | / /                        |
| 2                                                                                                                                                       |      |            | / /                        |
| 3                                                                                                                                                       |      |            | / /                        |
| <b>Total number of persons in the household :</b> _____ <b>Are you of Aboriginal descent ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |      |            |                            |

| FUNDING ALREADY RECEIVED FROM ANOTHER SHQ PROGRAM                                                                                                                                                                       |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Did you ever receive funding from the RénoRégion program (PRR) over the past 5 years?<br><i>Note: Applications submitted by individuals who have never participated in the PRR will be treated on a priority basis.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you ever receive funding from the Rénovation Québec program (PRQ) - renovation program offered by the municipality - over the past 5 years?                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| WORK TO BE DONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Indicate the major defects affecting your building</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Major defects</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 1) The outer walls (water infiltration, deteriorated exterior siding, chimney in poor condition, visible mold on interior walls) ;<br><input type="checkbox"/> 2) the openings (water and air infiltration to the door frames and windows) ;<br><input type="checkbox"/> 3) the projections (balconies and external stairs unsafe) ;<br><input type="checkbox"/> 4) the roof (water leakage, deterioration of the roofing felt) ;<br><input type="checkbox"/> 5) structure (water seepage in the foundation, sagging support elements) ;<br><input type="checkbox"/> 6) electricity (damaged wiring, SBP and insufficient electrical input) ;<br><input type="checkbox"/> 7) plumbing (plumbing deteriorated, contaminated wells / insufficient, deteriorated <i>existing</i> septic installation) ;<br><input type="checkbox"/> 8) heating (unit and damaged the existing heating system, unsafe or insufficient) ;<br><input type="checkbox"/> 9) heat insulation (roof and insulate foundations. Insulate walls only if there is already an intervention).<br><br>Other eligible major defects :<br>Overcrowding;<br>Unfinished building – Date of beginning of work ____ / ____ / _____. |  |

The grant for your apartment can reach between 20% and 95 % of the cost recognized for the implementation of eligible projects, without exceeding \$ 20,000 or \$ 25,000 depending your household income. Your home must require eligible projects of at least \$ 3,500 aiming to correct one or more major defects, which will be identified by the municipal partner during an inspection visit.

**No work to upgrade to municipal standards will be eligible.**

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

| SENDING THE REGISTRATION FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OWNER(S) SIGNATURE                                                                                                                         |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Your request must be sent to :<br><b>MRC de Vaudreuil-Soulanges</b><br><b>280 Boulevard Harwood</b><br><b>Vaudreuil-Dorion, Qc. J0V 1Y5</b><br>Or by email :<br><a href="mailto:pad-rr@hotmail.com">pad-rr@hotmail.com</a><br>For further information please contact<br><b>Véronique Bouchard</b> at<br><b>450-287-0136</b><br><a href="http://www.habitation.gouv.qc.ca/programme/programme/renoregion.html">http://www.habitation.gouv.qc.ca/programme/programme/renoregion.html</a> | I certify that the following information is true and complete and I understand that any erroneous information could jeopardize my request. |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature                                                                                                                                  | Year / Month / Day                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature                                                                                                                                  | Year / Month / Day                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (For use of the MRC) File No :                                                                                                             | Received at the MRC<br>(Year / Month / Day) |