

RÉNORÉGION PROGRAM (PRR) 2024-2025
REGISTRATION FORM : to be sent to the municipality before **June 14, 2024**

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 TYPE			
<input type="checkbox"/> Detach or semi-detached	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile home ○ land owner ○ land tenant	<input type="checkbox"/> Condominium (max 2 dwellings)
<input type="checkbox"/> Intergenerational	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Other (specify) :	
Does the building include spaces other than the eligible dwelling (e.g. commercial, rental accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If it is a foster home or a rooming house, please specify the number of places available or rooms offered for rent: _____ <input type="checkbox"/> Foster home : _____ places (maximum 9) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received financial assistance from the RénoRégion program (PRR) in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Applications submitted by people who have never participated in the PRR will be given priority.	

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)	1) <input type="checkbox"/>
2) Openings (doors, windows)	2) <input type="checkbox"/>
3) Exterior constructions (structural elements of galleries, balconies, awnings, exterior stairs)	3) <input type="checkbox"/>
4) Roof (roof covering, bridging)	4) <input type="checkbox"/>
5) Structure (foundation and frame of the building)	5) <input type="checkbox"/>
6) Electricity (wiring, breakout panel, electrical entrance)	6) <input type="checkbox"/>
7) Plumbing (piping, wells, septic system)	7) <input type="checkbox"/>
8) Heating (device and heating system)	8) <input type="checkbox"/>
9) Thermal insulation (insulation of walls, ceiling, foundation) (MANY CONDITIONS APPLY. RARELY ELIGIBLE.)	9) <input type="checkbox"/>
Other admissible major defect(s)	Cochez :
Overcrowding	<input type="checkbox"/>
Unfinished Building – Date Construction Started: ____ / ____ / ____	<input type="checkbox"/>
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 part of this cost (minimum of 5%) depending on household income. 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
Your request must be sent to the following address: urbanisme@villebonaventure.ca 127, ave Louisbourg, Bonaventure (QC) G0C 1E0
For any other information, contact : 418 534-2313, poste 233

OWNERS SIGNATURES	
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: - 2023 Municipal tax account - 2023 federal income tax return for each person who resides at the applicant's address - 2023 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.