



APPLICATION FORM - 2025

FONDS 33

For eligibility requirements, terms, dates, instructions, contact information, and other relevant information, please visit www.moelleepiniere.com/fonds-33

Please fill out this financial support application form and return it either by email to: fondation@moelleepiniere.com, by fax at (514) 341-8884 or by mail to 6020 Jean-Talon Street East, Suite 400, Montreal, Qc., H1S 3B1.

SECTION 1 - Claimant's Personal Information

First and last name of applicant _____

Address _____

Administrative region _____

Phone _____

Email _____

Relationship between the applicant and the recipient _____

If the applicant is the beneficiary, please go directly to section 3. If this is not the case, please complete section 2.

SECTION 2 - Beneficiary's Personal Information

First and last name of beneficiary _____

Address _____

Administrative region _____

Phone _____

Email _____

SECTION 3 - Identification

Sex _____

Age _____

MEMO-Qc Membership Number _____

Date of birth _____

RAMQ _____ Expiration date _____

If you are not a native of Quebec, how long have you been a resident Quebec? _____

Date of injury _____

Diagnosis of the spinal cord injury

Tetraplegia _____ Lesion level _____ ASIA _____

Paraplegia _____ Lesion level _____ ASIA _____

Other _____

Mobility aid

Motorized wheelchair _____ Manual wheelchair _____

Other _____

Support provider, if applicable

CNESST _____ SAAQ _____ IVAC _____

Other _____

SECTION 4 - Family Situation

What is your marital status? _____

Are you an owner or tenant? _____

Do you live alone? YES _____ NO _____

If NO, with whom do you live? _____

Do you have dependent children? YES _____ NO _____

If YES, how many? _____

SECTION 5 - Financial Support

What is the amount requested?

IMPORTANT: If the amount requested exceeds the budget available under this program, or if a partial amount is granted, applicants undertake to assume the additional cost or seek other resources to help them find additional funds.

SECTION 6 - Reason for the Request

What will the amount requested be used for?

SECTION 7 - Financial Situation

What is your source of income?

What is your annual income? (Proof of income will be required) **Please enter the amount shown on line 199 (Total income) of your 2024 provincial tax return and the amount shown on line 299 (Taxable income) of your 2024 provincial tax return.**

What is your annual family income? (include your spouse's income) **Please enter the amount shown on line 199 (Total income) of the 2024 provincial tax return of the person(s) living with you. Please enter the amount shown on line 299 (Taxable income) of the 2024 provincial tax return of the person(s) living with you.**

SECTION 8 - Additional Information

Please enter any additional information that you feel is useful, that demonstrates your need for financial assistance.

SECTION 9 - Supporting Documents

Please attach the following supporting documents:

MANDATORY

- Proof of 2023 income: (Pages 2/4 and 3/4 of your 2023 provincial tax return)
Please hide your social insurance number.

IMPORTANT: Please let us know if your income has changed in the current year compared to your 2024 tax return. If so, please attach supporting documents.

- Estimates and / or invoices
- An occupational therapist report (MAX: two pages)
- Any other relevant documents (MAX: two documents) **Optional**

SECTION 10 - Declaration

I hereby declare that all the information provided is true and complete and that all related documents are true.

Signature _____ Date _____