



**FORM**  
**FONDS 33**  
**2018**

For eligibility requirements, terms, dates, instructions, contact information, and other relevant information, please visit <http://www.moelleepiniere.com/fonds-33/fonds-33> or inquire at the office of MEMO-Qc of Montreal.

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

**SECTION 1 — The Claimant's Personal Information**

Given name and surname of the applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation between the applicant and the beneficiary (if they are two different people)

\_\_\_\_\_

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

## SECTION 2 — Recipient's personal information

Given name and surname of the recipient \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## SECTION 3 — Identification

MALE \_\_\_ FEMALE \_\_\_ MÉMO-Qc member number \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

If you are not a native of Quebec, since how many time do you live in Quebec ?

\_\_\_\_\_

Date of accident or diagnosis \_\_\_\_\_

Diagnosis of the spinal cord injury \_\_\_\_\_

Do you receive financial support from any agency such CNESST or SAAQ ?

YES \_\_\_ NO \_\_\_

If YES, which one ? \_\_\_\_\_

## SECTION 4 — Family Situation

What is your marital status ? Single \_\_\_ Married \_\_\_ Common-law partner \_\_\_

Widow / widower \_\_\_ Divorced \_\_\_ Separated \_\_\_

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 ?

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## SECTION 6 — Reason of the request

What will the amount requested be used for ?

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## SECTION 7 — Financial situation

<b>REVENU ANNUEL BRUT</b>	<b>Recipient</b>	<b>Partner</b>
Employment income	_____ \$	_____ \$
Employment insurance benefits	_____ \$	_____ \$
Public insurance (CNESST, SAAQ, IVAC)	_____ \$	_____ \$
Private insurance	_____ \$	_____ \$
Disability pension	_____ \$	_____ \$
Scholarship / bursary	_____ \$	_____ \$
Social assistance or social solidarity	_____ \$	_____ \$
Family allowances for children	_____ \$	_____ \$
Retirement pension	_____ \$	_____ \$
Old age security	_____ \$	_____ \$
Others	_____ \$	_____ \$
<b>ANNUAL TOTAL</b>	_____ \$	_____ \$

**EXPENSES**

Mortgage	_____	\$
Rent	_____	\$
Vehicle	_____	\$
Health and social services	_____	\$
Alimony	_____	\$
Others	_____	\$
<b>ANNUAL TOTAL</b>	_____	\$

**SECTION 8 — Additional information**

Please enter any additional information that you think is useful to provide that demonstrates that you are in a difficult financial situation.

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**SECTION 9 — Supporting documents**

Please attach any supporting documentation (RL-1, T4, pay stub, occupational or physical therapist's reports, invoices, bids, etc.).

**SECTION 10 — Declaration on honor**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_