



PROGRAM OF FINANCIAL ASSISTANCE TO FAMILIES

Date of receipt of application: _____ Application no.: _____

Identification of applicant:	
Last name	
First name	
Address	
Municipality (town, city)	
Postal code	
Telephone no.	
Child's name	
Child's date of birth	

Documents required:
<ul style="list-style-type: none">- proof of residence- proof of child's birth- bill(s)

Bring your documents to the municipal department concerned:
<ul style="list-style-type: none">- Purchase of cloth diapers: \$150 rebate Community Services: 325 Grande-Côte Road 450-621-3500, ext. 7380- One birth, one tree: \$150 rebate Public Works Department: 190 Charbonneau Street 450-621-3500, ext. 3224- 1 birth - 1 book: baby reader kit Municipal library: 339 Grande-Côte Road 450-621-3500, ext. 7221

Certified statement of applicant:
<p>I hereby certify that the information provided above is accurate and true. I understand that any and all applicants who provide incorrect or falsified information will automatically lose their financial assistance and will have to repay all of the amounts of money paid to them under these programs.</p> <p>Signature of applicant: _____ Date: _____</p>