

RENT REDUCTION FORM

TENANT'S IDENTIFICATION

Name	Phone number
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Address (N^o, street, app., city)

I hereby request a reduction of my rent, applicable by virtue of the articles 20 and 21 of the *By-law respecting the conditions for the leasing of dwellings in low-rental housing*, for the reason(s) set out below:

RENT REDUCTION MOTIVE

REDUCED INCOME

Name of the person concerned

- Occupant 1 _____
- Occupant 2 _____

DEPARTURE

Name of the person concerned

- Occupant 1 _____
- Occupant 2 _____
- Other person _____

MODIFICATION OF A SERVICE

- Discarding of a vehicle (*please provide a proof*)
- Discarding of an air-conditioning unit

OTHER MOTIVE

Please specify which motive :

- My rent reduction will be applied the month following the reception of this request. The reduction must be equal to or higher than 10\$ to be justified.
- The OMH du Val-Saint-François will answer your request within a maximum period of 30 days.

➔ *In the case of a reduced income, you need to provide us with your last 4 pay stubs **OR** proof of unemployment (which indicates the amounts you received) **OR** the notice of decision for Social assistance of the person concerned by the reduced income.*

TENANT 1	DATE	TENANT 2	DATE
Signature (Occupant 1)	Year / Month / Day	Signature (Occupant2)	Year / Month / Day

Please return this form to the OMH du Val-Saint-François using one of the following methods:

By mail : 1240 pl. Jeanne-Mance, bureau 4, Valcourt, Qc, J0E2L0	By fax: 819-300-4646
By email : JoannCamirand@omhvsf.ca	In person at one of our points of service