

Entraide Bénévole Métro
Community Volunteer Income Tax Program
 1801, boul. De Maisonneuve W. Suite 750 Mtl. QC H3H 1J9
 TÉL.: (514) 939-9575 FAX: (514) 934-3776

DATE: 20__ __ MM __ DD

Date of Birth: YYYY__ MM__ DD__

Family Name: _____ Given Name _____

Apt.: _____ Address: _____

Postal Code: _____ Telephone: (Home) _____ (Cell) _____

EMAIL: _____

Civil Status: Single _____ Divorced _____ Widowed _____ Married _____

Sex: M _____ F _____ Client is a Canadian Citizen? Yes _____ No _____

Client lives alone? Yes _____ No _____ Client lives with _____ person(s)

Is Client living in HLM, COOP or subsidized apartment? Yes _____ No _____

Client has received Relevé 31? Yes _____ No _____

CLIENT IS 70 YEARS OR OLDER :

Monthly Rent: From January to June _____ From July to December _____

Meals on Wheels _____/YR Delivery Charges Groceries OR Medications _____/YR

Housekeeping _____/YR Commercial Laundry _____/YR Panic Button _____/YR

Installation and Removal of Air Conditioner _____/YR Paid Caregiver _____/YR

TAX SLIPS	CANADA	QUÉBEC
OLD AGE SECURITY & Guaranteed Income Supplement	T4A (OAS)	XXXXXXX
QUÉBEC PENSION (QPP)	T4A (P)	Relevé 2
PRIVATE PENSION	T4A	Relevé 2
RRIF OR RRSP	T4RIF T4RSP	Relevé 2
INTEREST INCOME (AMOUNT CANNOT EXCEED \$1,000)	T3, T5	Relevé 5
EI-EMPLOYMENT INSURANCE	T4E (Q)	XXXXXXX
SOCIAL ASSISTANCE	T5007	Relevé 5

COMMENTS

REFERRED BY: _____ TEL.: _____ EXTENTION _____

**ELIGIBLE CLIENTS MUST BE 65 AND OVER, LIVE IN THE CLSC MÉTRO TERRITORY
 ANNUAL INCOME MUST NOT EXCEED \$35,000 FOR AN INDIVIDUAL OR \$40,000 FOR A COUPLE**

**PLEASE PUT ALL DOCUMENTS IN AN ENVELOPE WITH THIS FORM AND DEPOSIT
 IN THE EBM PIGEONNIER ON THE 2ND FLOOR**