

## Registration for Advance Payments Tax Credit for Home-Support Services for Seniors

You may use this form if you wish to receive advance payments of the tax credit for home-support services for seniors. Before completing the form, refer to the publication, *Guide for Registration for Advance Payments* (TP-1029.MD.1.G-V).

### 1 Claimant information

Last name <input style="width: 95%; height: 20px;" type="text"/>	Social insurance number <input style="width: 95%; height: 20px;" type="text"/>	
First name <input style="width: 95%; height: 20px;" type="text"/>	Date of birth <input style="width: 95%; height: 20px;" type="text"/>	
Apartment <input style="width: 15%; height: 20px;" type="text"/>	Street number <input style="width: 20%; height: 20px;" type="text"/>	Street, P.O. box <input style="width: 60%; height: 20px;" type="text"/>
City, town or municipality <input style="width: 65%; height: 20px;" type="text"/>	Province <input style="width: 5%; height: 20px;" type="text"/>	Postal code <input style="width: 15%; height: 20px;" type="text"/>

### 2 Direct deposit

You must be registered for **direct deposit** in order to receive advance payments.

To register, enclose a **blank cheque** with "VOID" written on the front as well as your name and social insurance number.

**If you cannot provide a blank cheque**, complete the section below. To do so, refer to your bank book or contact your financial institution.

Note that advance payments of the tax credit as well as any other payments related to income tax **will be deposited** in that account.

### Information about the financial institution

Name of the financial institution <input style="width: 95%; height: 20px;" type="text"/>	
Branch address <input style="width: 95%; height: 20px;" type="text"/>	Postal code <input style="width: 5%; height: 20px;" type="text"/>

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Branch number	Financial institution number	Account number and check digit

Do not use this area.

99  Correspondance 49

### 3 Type of housing you live in

17 Check the box appropriate to your situation.

- 1  Private house
- 2  Apartment or room in a senior citizens' residence
- 3  Apartment in a rental building
- 4  Apartment in a residential complex held in co-ownership (condominium complex)
- 5  Room in a hotel or rooming house
- 6  Room in a private CHSLD that is not under agreement (self-financing)
- 7  Other (specify) \_\_\_\_\_

### 4 Power of attorney for advance payments of the tax credit for home-support services for seniors

Complete this section **only** if you wish to appoint a person or business to represent you with the Ministère for any information about the advance payments of tax credit for home-support services for seniors. By granting this power of attorney, you authorize the Ministère to provide your mandatory with the information necessary to carry out that mandate, and you authorize your mandatory to consult documents containing that information. Note that the power of attorney does not give the mandatory access to information in your income tax return.

#### 4.1 Person or business to whom you grant the power of attorney (mandatory)

Last name and first name of the person, or name of the business \_\_\_\_\_ Area code Telephone \_\_\_\_\_

20 \_\_\_\_\_  21 \_\_\_\_\_

Apartment \_\_\_\_\_ Street number \_\_\_\_\_ Street, P.O. box \_\_\_\_\_

22 \_\_\_\_\_

City, town or municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

23 \_\_\_\_\_  24 \_\_\_\_\_

If applicable, enter the following number or numbers:

Social insurance number \_\_\_\_\_ Québec enterprise number (NEQ) \_\_\_\_\_ Identification number \_\_\_\_\_

25 \_\_\_\_\_  26 \_\_\_\_\_  27 \_\_\_\_\_

#### 4.2 Correspondence

30 Do you want the correspondence about the tax credit for home-support services for seniors and the advance payments to be sent to the person or business to whom you granted the power of attorney (Part 4.1)?  Yes  No

#### 4.3 Signature for the power of attorney

I, \_\_\_\_\_, appoint as mandatory the person or business named in Part 4.1. This person or  
Name of senior (please print)

business will represent me with the Ministère and will be empowered, on my behalf, to submit to the Ministère any information or document concerning advance payments of the tax credit for home-support services for seniors and to make changes to such information or documents. I authorize the Ministère to disclose to the mandatory named in Part 4.1 the information necessary for carrying out the mandate.

31 This power of attorney will remain valid for three years from the date indicated below, **or** until \_\_\_\_\_ (maximum three years), unless it is revoked by me or my mandatory.

\_\_\_\_\_  
Senior's signature Date

### 5 Certification for registration for advance payments

I certify that the information on this form is, to the best of my knowledge, accurate and complete.

\_\_\_\_\_  
Senior's signature Date Area code Telephone