

## 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

<p>Last name</p> <div style="border: 1px solid black; padding: 2px;">1</div>	<p>Social insurance number</p> <div style="border: 1px solid black; padding: 2px;">10</div>	
<p>First name</p> <div style="border: 1px solid black; padding: 2px;">2</div>	<p>Date of birth</p> <div style="border: 1px solid black; padding: 2px;">11</div>	
<p>Apartment</p> <div style="border: 1px solid black; padding: 2px;">13</div>	<p>Street number</p> <div style="border: 1px solid black; padding: 2px;"></div>	<p>Street, P.O. box</p> <div style="border: 1px solid black; padding: 2px;"></div>
<p>City, town or municipality</p> <div style="border: 1px solid black; padding: 2px;">14</div>	<p>Province</p> <div style="border: 1px solid black; padding: 2px;"></div>	<p>Postal code</p> <div style="border: 1px solid black; padding: 2px;">15</div>

### 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

Branch address

Postal code

<div style="border: 1px solid black; padding: 2px;">16</div> <p>Branch number</p>	<div style="border: 1px solid black; padding: 2px;"></div> <p>Financial institution number</p>	<div style="border: 1px solid black; padding: 2px;"></div> <p>Account number and check digit</p>
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### 3 Type of housing you live in

17 Check the box appropriate to your situation.

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Private house   | 5 <input type="checkbox"/> Room in a hotel or rooming house                                     |
| 2 <input type="checkbox"/> Apartment or room in a senior citizens' residence                             | 6 <input type="checkbox"/> Room in a private CHSLD that is not under agreement (self-financing) |
| 3 <input type="checkbox"/> Apartment in a rental building  | 7 <input type="checkbox"/> Other (specify) _____  |
| 4 <input type="checkbox"/> Apartment in a residential complex held in co-ownership (condominium complex) |   |

### 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 mandatary with the information necessary to carry out that mandate, and you authorize your mandatary to consult documents containing that information. Note that the power of attorney does not give the mandatary access to information in your income tax return.

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

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 mandatary the person or business named in Part 4.1. This person or  
Name of senior

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 mandatary 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 mandatary.

\_\_\_\_\_  
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