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INFORMATION INQUIRY

HELP REQUEST FORM

GENERAL INFORMATION

Name: _____

Telephone: _____ Other: _____

Address where the disaster occurred : _____

_____ Temporary address

Owner Tenant

Causes and circumstances of the disaster :

Number of disaster victims : _____

Number of children: _____ Age: _____

PERSONAL INFORMATION

Is the disaster victim employed? :

Yes _____ → Current employer: _____
No _____

Reason why the disaster victim is unemployed :

Financial institution of the disaster victim : _____

Do you have RSP or other investments?: _____

HELP REQUIRED

What are the needs?

In order to approve the present help claim, I authorise the GUS Foundation to perform a personal credit check, and I certify that all the information on this form are accurate.

Date : _____

Signature : _____

NAME (Block letters) : _____

CRITERIA OF ELIGIBILITY

- Lost of substantially all or most personal property following an accident or disaster.
- Loss not covered by an insurance policy.
- NO financial resources for property loss replacement.

(please check the criterias that concerns you)