



865, rue Alexandre, bureau 200
Lévis (Québec) G6V 7M5
Tél. : 1 866 487-0911
Fax : 1 800 616-0911

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)