

# DEMANDE D’ÉLECTION DE DOMICILE

*Décret n° 2016-641 du 19 mai 2016 relatif à la domiciliation des personnes sans domicile stable*

**16029\*01**

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| **RENSEIGNEMENTS SUR LE DEMANDEUR** |
| ⌧ Mme  M.Nom \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom(s) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date de naissance : Lieu de naissance : Nom(s), prénom(s) et date de naissance des ayants droit :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Numéro de téléphone: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Courriel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ 🞎1ère demande ⌧RenouvellementNuméro d’usager (réservé à l’organisme domiciliataire) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| **Demande à élire domicile auprès de l’organisme suivant : (à compléter par l’organisme)** |
| Nom de l’organisme : CENTRE COMMUNAL D’ACTION SOCIALE \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Responsable de l’organisme (Nom, Prénom, Fonction) : Régis CHARBONNIER Président du CCAS\_ \_ \_ \_ \_ \_ \_ Si organisme agréé, préfecture ayant délivré l’agrément : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Adresse postale : CENTRE COMMUNAL D’ACTION SOCIALE \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Courriel : ccas@ville-boissy.fr \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Téléphone : 01 45 10 61 33\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Fait à BOISSY ST LEGER le Fait à BOISSY ST LEGER le Je certifie l’exactitude de l’ensemble des éléments apportés en **SIGNATURE ET CACHET DE L’ORGANISME**vue de la délivrance de cette attestation et m’engage à signaler immédiatement à l’organisme procédant à l’élection de domicile tout changement modifiant cette déclaration.**SIGNATURE DU DEMANDEUR**Le cachet de l’organisme fait office d’accusé de réception. |

## Tout organisme de domiciliation a obligation d’accuser réception de la demande, de proposer un entretien au demandeur et de notifier la décision d’accord ou de refus motivée à la demande dans un délai maximum de deux mois.

Vous êtes convoqué à un entretien le : …………..à ……………….

avec : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

à l’adresse suivante : CCAS – 7 boulevard Léon Révillon 94470 BOISSY ST LEGER

**PROPOSITION D’ENTRETIEN**

La loi punit quiconque se rend coupable de fraudes ou de fausses déclarations (article 441-1 et suivants du code pénal). La loi punit également quiconque utilise une fausse identité ou un document administratif destiné à l’autorité publique (article 433-19 du code pénal). La loi 78-17 du 06/01/1978 modifiée relative à l’informatique, aux fichiers et aux libertés garantit un droit d’accès et de rectifications pour les données apportées dans ce document. Elle garantit un droit d’accès et de rectifications pour les données vous concernant auprès de l’organisme domiciliataire. Les données issues de ce formulaire seront traitées par voie informatique. Les données issues de ce formulaire seront communicables dans le respect des textes réglementaires en vigueur.

# DÉCISION RELATIVE A LA DEMANDE D’ÉLECTION DE DOMICILE

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| **RENSEIGNEMENTS SUR LE DEMANDEUR** |
|  Mme  M.Nom \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom(s) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Date de naissance : Lieu de naissance :  |

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| **RENSEIGNEMENTS SUR L’ORGANISME DOMICILIATAIRE** |
| Nom de l’organisme : CENTRE COMMUNAL D’ACTION SOCIALE\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Si organisme agréé, préfecture ayant délivré l’agrément : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Numéro d’agrément : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

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| **DÉCISION** |
| Votre demande est : ⌧ acceptée refuséeSi applicable\*, élection de domicile effectuée au titre de la commune ou de l’arrondissement : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Motif en cas de refus :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Orientation proposée :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Fait à BOISSY ST LEGER le …………….**SIGNATURE ET CACHET DE L’ORGANISME** |

## Voies et délais de recours : Dans un délai de deux mois à compter de sa notification, la présente décision peut faire l’objet d’un recours gracieux auprès de l'autorité hiérarchique (maire, président du CCAS/CIAS ou directeur/président de l’organisme agréé) ou d’un recours contentieux auprès du tribunal administratif dans le ressort duquel se situe l’organisme.

\*Si l’organisme domiciliataire est un centre intercommunal d’action sociale (CIAS) ou un centre communal d’action sociale (CCAS) dont la commune est divisée en arrondissements.