

Guide

The *Individual and Family Assistance Act* provides for **two last-resort financial assistance programs**: the Social Solidarity Program and the Social Assistance Program.

The **Social Solidarity Program** is designed for independent adults with a severely limited capacity for employment and families that include one or more adults with this type of limitation. The **Social Assistance Program** is aimed at independent adults and families who are not in this situation.

For more information about these programs, please refer to the Brochure, which is available at your local employment centre (CLE) or Services Québec office, or go to www.emploiquebec.gouv.qc.ca.





To obtain last-resort financial assistance, you must file an application using this form and provide any documents and information required to verify your eligibility and determine the amount that could be granted to you. Failure to provide documents or information may lead to the refusal of your application.

The information that you provide on this form and the information that you have already provided on the *Application for Service – General Information* and *Appendix 1 – Information about Education and Employment* forms will be used for the study of your application for last-resort financial assistance and for the purpose of applying the *Individual and Family Assistance Act*.

If you need additional information in order to complete the application forms, please contact the **Centre de communication avec la clientèle at 1-877-767-8773** (toll free).

You are entitled to be informed about the information concerning you held by the Ministère du Travail, de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

Read each question carefully and **complete all of the sections that concern you. Please print, using a pen:**

	pages 1, 3 and 4		pages 1, 3, 4, 5 and 6
	pages 1, 2, 3 and 4		all of the pages

Once you and your spouse, if applicable, have completed and signed the application, please submit it to the nearest local employment centre (CLE) or Services Québec office. If required, we will contact you to arrange an appointment.

Your eligibility for last-resort financial assistance will be assessed **as of the day on which this application form is received by one of our offices.**

Verification and exchanges of information

Verifications when you apply and while receiving assistance

As soon as you file an application for last-resort financial assistance, the Ministère du Travail, de l'Emploi et de la Solidarité sociale obtains taxation information for the previous year about you and your spouse, if applicable, from Revenu Québec. It also obtains information about your vehicles from the Société de l'assurance automobile du Québec, in order to check the information that you provided in your application for assistance.

The Ministère may also verify information with public agencies and private organizations, landlords, employers, financial institutions, insurance companies, municipalities, credit bureaus, etc., **at any time, without your consent.**

The Ministère may use certain personal information that it holds within the framework of the Québec Parental Insurance Plan in order to verify your eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

Exchanges of information with other organizations

The Ministère may request to receive personal information (e.g., name and address, amount of benefits, indemnities or income received, value of an immovable) from or provide such information to the Commission des normes, de l'équité, de la santé et de la sécurité du travail, Employment and Social Development Canada, the Canada Revenue Agency, the Ontario Ministry of Community and Social Services, the New Brunswick Department of Social Development, certain Québec government departments (Ministère de l'Éducation et de l'Enseignement supérieur, Ministère de la Justice, Ministère de l'Immigration, de la Diversité et de l'Inclusion, Ministère des Affaires municipales et de l'Occupation du territoire, Ministère de la Sécurité publique), the Cree Hunters and Trappers Income Security Board, the Protecteur du citoyen, the Régie de l'assurance maladie du Québec, Retraite Québec, Correctional Service Canada, the Société de l'assurance automobile du Québec and/or the Directeur de l'état civil.

Comparisons of computerized files

Comparisons of computerized files are aimed at identifying recipients of benefits from the Ministère who also receive employment insurance benefits, Québec Parental Insurance Plan benefits, student loans and bursaries, indemnities following an automobile or work accident and pensions.

These comparisons also serve to identify persons who are incarcerated, who are required to reside in a half-way house, or who are attending a secondary-level educational institution in a vocational program or a postsecondary educational institution (college or university).

Comparisons of computerized files with Revenu Québec are carried out to verify income, property and certain information concerning the person's spouse.

In the case of the Directeur de l'état civil, the purpose of such comparisons is to obtain information on marriages and civil unions, dissolutions of marriages and civil unions, and deaths.

In the case of the Canada Revenue Agency, comparisons are carried out in order to adjust the amount of last-resort financial assistance in the light of information concerning the federal government's National Child Benefit Supplement.

Despite such verifications and comparisons of files, **you are still obliged under the Act to declare your income from all sources** and any changes in your circumstances because they can affect the amount of financial assistance granted to you. However, you are not obliged to declare the child assistance paid to you by Retraite Québec or the Canada Child Benefit received from the federal government (unless the Ministère requests that you declare these amounts).

Please note that if you receive amounts from these agencies or organizations, you may be obliged to repay any benefits you have been granted to which you are not entitled.

A false declaration may lead to legal proceedings.

Note – The information exchanged with other organizations remains confidential and is used only for the above-described purposes.

Definitions

For the purposes of this application, “**spouse**” and “**dependent child**” are defined as follows:

Spouse	Dependent child
<p>Your spouse is:</p> <ul style="list-style-type: none">the person who lives with you, even if he or she is temporarily absent, and with whom you are married or in a civil unionthe person who lives with you, even if he or she is temporarily absent, and who is the parent of at least one of your childrenthe person of full age, of the opposite or the same sex, who cohabits with you in a de facto union, even if he or she is temporarily absent, and who has, at a given time, lived with you for at least one year	<p>The following children are considered to be your dependants if you support them:</p> <ul style="list-style-type: none">a child under age 18, unless he or she is married or is the parent of a child who is his or her dependanta child aged 18 or over who is a full-time or part-time student, unless he or she is married, is in a civil union, has a spouse or is the parent of a child who is his or her dependant <p>The following children are <i>not</i> considered to be your dependants:</p> <ul style="list-style-type: none">a child who is sheltered in a rehabilitation centre or who is taken in charge by a foster family or an intermediate resource, unless the child’s return to your family is provided for in an intervention plana child who is taken in charge by a tutor under the <i>Youth Protection Act</i>a child you had with a former spouse, if this spouse supports the child

Note – The above definitions are provided for information purposes. They do not replace the provisions of the Act.

Required documents

Please note that the documents must be provided for the **applicant, spouse and dependent children**, as applicable.

Original copies of identification documents

1. Birth certificate or equivalent (unless already provided to the Ministère)

Persons born in Canada

Persons born in Québec

It is not necessary to provide a birth certificate. However, the Ministère could request a birth certificate if required to confirm a person’s identity.

Persons born in Canada but outside Québec

Provide the birth certificate issued by the office responsible for vital statistics in the province or territory of birth.

- Adult: Birth certificate, short-form or long-form
- Dependent child: Birth certificate, long-form

Persons born outside Canada

Provide one of the following documents:

- Refugee Protection Claimant Document
- Immigrant Visa and Record of Landing (IMM 1000)
- Confirmation of Permanent Residence (IMM 5292 or IMM 5688)
- Authorization to enter Canada

2. Document with a photograph, issued by a public agency, for identification purposes only (**adults only**).

This document will not be kept in your file.

Other documents

3. Documents that serve to determine your and, if applicable, your dependent children’s current income and income ending during the month of the application (paycheque stubs, proof of job termination, etc.), including income from outside Canada.

4. **Any judgment or agreement providing for support payments.**

5. **If you have rental income:**

Invoices for repairs, fuel oil, natural gas, electricity, etc.

6. **If you have sold or transferred property or liquid assets within the last two years:**

Deed of sale or transfer of property or liquid assets.

7. Most recent statement for a life insurance policy including equity securities (e.g. dividends, capitalization fund).

8. **If you require special equipment or assistance due to your health, physical condition or disabilities:**

Medical proof or a *Certificat médical* form completed by a physician. You can obtain a *Certificat médical* at www.emploiquebec.gouv.qc.ca, by contacting the Centre de communication avec la clientèle at **1-877-767-8773** or from your local employment centre or Services Québec office. You may be entitled to special benefits in addition to your regular assistance if, for example, you are pregnant, undergoing hemodialysis treatments, have diabetes, have undergone an urostomy, an ileostomy or a colostomy, need oxygen, require batteries for a hearing aid, etc.

9. **If you are applying for the special benefit for funeral expenses:**

- Attestation of death, declaration of death or other document confirming the death
- Notice of decision from Retraite Québec
- Documents showing the person’s bank balance on the date of death

Note – The Ministère reserves the right to ask you at any time to provide any documents and information required to verify your eligibility for last-resort financial assistance and determine the amount that could be granted to you. Failure to provide documents or information may lead to the refusal of your application.

Complete the white spaces. Please print, using a pen.

Date de réception

Section 1 – Reason for the application

- Loss of employment but not eligible for employment insurance
- Loss of employment and waiting to receive employment insurance or Québec Parental Insurance Plan benefits
- End of employment insurance benefits or Québec Parental Insurance Plan benefits
- End of full-time studies
- Loss of spouse: death separation divorce
- To supplement other income
- Awaiting a decision following recourse
- Discharged from: health care institution detention centre
- Special benefit for funeral expenses
- Birth of or responsibility for a child
- Health problems
- Other (specify) _____

Section 2 – Identification

Do you have a spouse? Yes No *If Yes, answer questions 1 to 4.*

- 1** Are you married to or in a civil union with this spouse? Yes No
- 2** If you are not married to or in a civil union with this spouse and you have been living together for less than one year, have you ever lived with this person for a period of at least one year in the past? Yes No
 Year Month Day Year Month Day
 If Yes, specify the period you lived together. From _____ to _____
 If No, give the date your de facto union began. _____
 Indicate your spouse's last name and first name. _____
- 3** Do you have a child from your current union? Yes No
- 4** Does your spouse live at the same address as you? Yes No *If No, enter the reason and your spouse's address.*

If you answered YES to questions 1, 2 or 3, complete all of the sections about your spouse.

In addition to your spouse and dependent children, do any other people live with you? Yes No *If Yes, enter their names and how they are related to you, if applicable.*

	Applicant	Spouse
Last and first names <i>according to birth certificate or immigration document.</i>	CP-12 _____	CP-12 _____
Last name	_____	_____
First name	_____	_____
Health insurance number	_____	_____
If you are a surviving spouse, separated or divorced, or your civil union has been dissolved, give the date of this change in marital status	Year Month _____	Year Month _____
Are you represented by the Curateur public? <i>If Yes, what is your file number with the Curateur public?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Have you ever received last-resort financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received benefits under the Aim for Employment Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Status

Are you a member of a religious community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently attending an educational institution, indicate:	<input type="checkbox"/> Secondary (general) <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> College or university <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Secondary (general) <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> College or university <input type="checkbox"/> Other (specify) _____
• the education level	_____	_____
• the number of courses and units (credits)	_____ courses _____ units (credits)	_____ courses _____ units (credits)
• the number of hours or periods per week	<input type="checkbox"/> Hours <input type="checkbox"/> Periods per week _____	<input type="checkbox"/> Hours <input type="checkbox"/> Periods per week _____
If you are not attending an educational institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify</i>
• Are you enrolled in one?	_____	_____
• Do you plan to enrol in one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify</i>

Section 4 – Type of dwelling and person to whom the cheque is to be issued

Check the box that corresponds to the place where you currently live. Home owned by you Rented apartment Subsidized apartment (includes coops, low-income housing "HLM")
 Room or board Family-type resource, hospital or intermediate resource
 Other (specify) _____

Date you moved to this dwelling Year Month Day _____ Monthly cost \$ _____ Heating included Yes No Electricity included Yes No

Are you participating in Revenu Québec's Shelter Allowance Program? Yes No *If Yes, indicate the amount you receive: _____ per month*

Last and first names of the owner or landlord (person who rents you the dwelling or room), if applicable _____ Telephone Area code _____ Number _____

If you are not registering for direct deposit, indicate the person to whom the cheques should be issued.

For couples, unless otherwise specified, the cheque will be made out to both spouses. If not, specify the name of the person to whom the cheque should be issued. Name _____

For independent adults, unless otherwise specified, the cheque will be made out to the applicant. If not, specify the name of the person to whom the cheque should be issued. Name _____

Where should the cheque be sent?
 Home address Other (specify) _____

COMPLETE THIS PAGE IF YOU HAVE DEPENDENT CHILDREN.

Section 5 – Applicant’s and spouse’s dependent children		
Child 1	Child 2	Child 3
CP-12	CP-12	CP-12
Last name	Last name	Last name
First name	First name	First name
Date of birth <small>Year Month Day</small>	Date of birth <small>Year Month Day</small>	Date of birth <small>Year Month Day</small>
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Health insurance number	Health insurance number	Health insurance number
If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> University <input type="checkbox"/> Other (specify)	If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> University <input type="checkbox"/> Other (specify)	If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> University <input type="checkbox"/> Other (specify)
Name of the educational institution (if the child is age 16 or over)	Name of the educational institution (if the child is age 16 or over)	Name of the educational institution (if the child is age 16 or over)
Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identity of child’s parents as shown on birth certificate Father’s last name if different from Section 2	Identity of child’s parents as shown on birth certificate Father’s last name if different from Section 2	Identity of child’s parents as shown on birth certificate Father’s last name if different from Section 2
Father’s first name if different from Section 2	Father’s first name if different from Section 2	Father’s first name if different from Section 2
Mother’s last name if different from Section 2	Mother’s last name if different from Section 2	Mother’s last name if different from Section 2
Mother’s first name if different from Section 2	Mother’s first name if different from Section 2	Mother’s first name if different from Section 2
Shared custody: Parents are considered to have shared custody of a child if each parent’s share of custody time is 40% or more. Custody time is calculated annually. To be considered to constitute 40%, custody time must amount to at least 146 days per year.		
Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i> If Yes, give the number of days you have custody. ____ day(s) per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i> If Yes, give the number of days you have custody. ____ day(s) per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i> If Yes, give the number of days you have custody. ____ day(s) per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).	If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).	If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).
Do all of your dependent children live at your address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, give the reason and the name and address of each dependent child who does not live with you.		

Section 6 – Income and assets of dependent children (including income and assets from Canada or held outside Canada)		
Do your dependent children receive income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate the source(s) of this income.	Net amount \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month
Do your dependent children have bank or caisse accounts, motor vehicles, movable or immovable property, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give the account numbers or describe the property	Amount or value \$ _____ \$ _____ \$ _____
<i>NOTE: In the case of bank or caisse accounts, the amounts declared must correspond to the account balances on the day of the application.</i>		

Section 7 – Additional information about the applicant’s and spouse’s dependent children
If you have more than three dependent children, use this section to provide the same information as requested above for the other children.

**THE APPLICANT MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Net salary is determined by subtracting income tax (federal and provincial), employment insurance premiums, Québec Parental Insurance Plan premiums, contributions to the Québec Pension Plan and to any other compulsory retirement plan and union dues from gross salary.

Section 8 – Income (including income from outside Canada)

Work income

Do you receive

- work income? Yes No Net salary
\$ _____ per week two weeks month
- gratuities (tips)? Yes No Amount
\$ _____ per week two weeks month
- income from a farm operation? Yes No Farm producer number

- income from self-employment? Yes No Type of work

- income from home childcare? Yes No If Yes, care is provided
 in your home Amount
 outside your home per \$ _____ week two weeks month

Income from government agencies

Do you receive

- maternity, paternity, adoption or parental benefits under the Québec Parental Insurance Plan? Yes No If Yes, gross amount per week \$ _____ If No, application filed on
Year _____ Month _____ Day _____ or date of last payment
Year _____ Month _____ Day _____
- employment insurance benefits? Yes No If Yes, gross amount per week \$ _____ If No, application filed on
Year _____ Month _____ Day _____ or date of last payment
Year _____ Month _____ Day _____
- indemnities from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)? Yes No Gross amount \$ _____ per week two weeks month
- benefits from Retraite Québec? Yes No If Yes, specify the type of pension. Retirement Surviving spouse Disability Gross amount \$ _____ per week two weeks month
- indemnities from the Société de l'assurance automobile du Québec (SAAQ)? Yes No Gross amount \$ _____ per week two weeks month
- Canada Pension Plan benefits? Yes No If Yes, specify the type of pension. Retirement Survivor's Disability Gross amount \$ _____ per week two weeks month
- a pension under the Old Age Security Program? Yes No Gross amount \$ _____ per week two weeks month
- a war veteran's pension or allowance? Yes No Gross amount \$ _____ per week two weeks month
- social assistance benefits from the federal government if you belong to a Native community? Yes No Gross amount \$ _____ per week two weeks month
- benefits from another Canadian province or territory or another country? Yes No Gross amount \$ _____ per week two weeks month
- amounts under a financial assistance program for students (loan, bursary, etc.)? Yes No If Yes, specify the source. _____

Other income

Do you receive

- income from roomers or boarders? Yes No Number of roomers or boarders _____ Amount \$ _____ per week two weeks month
Roomers' or boarders' names _____
- support payments in money or other form (e.g., accommodation paid for in full or in part)? Yes No If in other form, specify _____ Gross amount \$ _____ per week two weeks month
If No, does a judgment grant you: support payments? Yes No the right to claim support? Yes No
- rental income? Yes No Gross amount \$ _____ per week two weeks month
- income from investments, bonds or a trust (interest or dividends)? Yes No Gross amount \$ _____ per week two weeks month
- private pension plan income (personal plan or a former employer's plan)? Yes No Gross amount \$ _____ per week two weeks month
- other income or benefits (disability insurance, annuities, trust income, mortgage insurance, rent reduction for work as a janitor, etc.)? Yes No Sources
\$ _____ per week two weeks month
\$ _____ per week two weeks month
\$ _____ per week two weeks month
- Do you expect to receive other income or benefits (insurance benefits, annuities, trust income, inheritance, court settlement, estate benefits, vacation pay, etc.)? Yes No Sources _____ Expected payment date
Year _____ Month _____ Day _____
\$ _____ Year _____ Month _____ Day _____
\$ _____ Year _____ Month _____ Day _____
\$ _____ Year _____ Month _____ Day _____

THE APPLICANT MUST ANSWER ALL OF THE QUESTIONS ON THIS PAGE.

Section 9 – Property and liquid assets (including outside Canada)

Do you have/Have you

• accounts at financial institutions (bank, caisse, etc.), including inactive and joint accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of financial institution	Account number	Amount (balance)	
			\$	
			\$	
			\$	

NOTE: The amounts declared must correspond to the account balances on the day of the application.

• cash on hand, uncashed cheques or prepaid credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Amount
		\$

• outstanding (uncashed) cheques or have you authorized automatic payments from your account for housing costs (e.g., mortgage, rent, electricity, heating or other form of energy)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of payment	Amount	Scheduled payment date		
		\$	Year	Month	Day
		\$			
		\$			

• one or more safety deposit boxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of financial institution	Value
		\$

• bonds, shares, a registered retirement savings plan (RRSP), a registered education savings plan (RESP), term deposits or other investments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Value
		\$
		\$
		\$

• vehicles including vehicles in storage (automobile, motorcycle, truck, snowmobile, all-terrain vehicle, etc.) (excluding vehicles adapted for persons with disabilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of vehicle, make, year		<input type="checkbox"/> owned <input type="checkbox"/> leased	Monthly payment	Market value
			\$	\$
			\$	\$
			\$	\$

• a vehicle adapted for persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of vehicle, make, year		<input type="checkbox"/> owned <input type="checkbox"/> leased	Monthly payment	Market value
			\$	\$

• immovable property (house, mobile home, cottage, land, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Acquisition date Year Month	Started living there in Year Month	Outstanding mortgage or loan \$	Monthly payment \$	Standardized assessment <i>(Contact your municipality if necessary)</i>		
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$

• movable property other than furniture (boat, trailer, coin or stamp collection, valuables, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Market value
		\$
		\$

• a business (owner or shareholder)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , indicate the type of business and your percentage of ownership, if applicable: <input type="checkbox"/> Sole-ownership business <input type="checkbox"/> Partnership _____ % <input type="checkbox"/> Incorporated company (Inc.) _____ %	
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• sold or transferred property or liquid assets during the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Date of transfer or sale Year Month Day	Value
			\$
			\$

• life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , does it include equity securities (e.g. dividends, capitalization funds)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of company
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Section 10 – Debts and amounts owing (including those incurred outside Canada)

Are amounts owed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Amount
		\$

Do you have debts other than mortgages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Amount	Monthly payment
		\$	\$
		\$	\$

Section 11 – Solemn affirmation

I acknowledge that the Ministère du Travail, de l'Emploi et de la Solidarité sociale has duly informed me that it reserves the right to ask me for any document or information it deems necessary to process my application and that it may, without my consent, contact various public or private organizations or other third parties to verify my eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

I solemnly affirm that the information provided on this application form is accurate and complete.

I agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information, including information about the date of my return to work.

Date	Signature of applicant
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If this form has been completed by a person other than the signatory, please check this box.

**THE SPOUSE MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Net salary is determined by subtracting income tax (federal and provincial), employment insurance premiums, Québec Parental Insurance Plan premiums, contributions to the Québec Pension Plan and to any other compulsory retirement plan and union dues from gross salary.

Section 12 – Income (including income from outside Canada)

Work income

Do you receive

• work income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net salary	\$		per		week		two weeks		month
• gratuities (tips)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	\$		per						
• income from a farm operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Farm producer number									
• income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of work									
• income from home childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, care is provided <input type="checkbox"/> in your home <input type="checkbox"/> outside your home	Amount	\$		per		week		two weeks	month

Income from government agencies

Do you receive

• maternity, paternity, adoption or parental benefits under the Québec Parental Insurance Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, gross amount per week	\$									If No, application filed on	Year	Month	Day	or date of last payment	Year	Month	Day
• employment insurance benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, gross amount per week	\$									If No, application filed on	Year	Month	Day	or date of last payment	Year	Month	Day
• indemnities from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per		week		two weeks		month								
• benefits from Retraite Québec?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the type of pension. <input type="checkbox"/> Retirement <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Disability	\$		per														
• indemnities from the Société de l'assurance automobile du Québec (SAAQ)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per														
• Canada Pension Plan benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the type of pension. <input type="checkbox"/> Retirement <input type="checkbox"/> Survivor's <input type="checkbox"/> Disability	\$		per														
• a pension under the Old Age Security program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per														
• a war veteran's pension or allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per														
• social assistance benefits from the federal government if you belong to a Native community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per														
• benefits from another Canadian province or territory or another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per														
• amounts under a financial assistance program for students (loan, bursary, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the source.																	

Other income

Do you receive

• income from roomers or boarders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of roomers or boarders		Amount	\$		per		week		two weeks		month	
• support payments in money or other form (e.g., accommodation paid for in full or in part)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If in other form, specify												
• rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per									
• income from investments, bonds or a trust (interest or dividends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per									
• private pension plan income (personal plan or a former employer's plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross amount	\$		per									
• other income or benefits (disability insurance, annuities, trust income, mortgage insurance, rent reduction for work as a janitor, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sources	\$		per									
• Do you expect to receive other income or benefits (insurance benefits, annuities, trust income, inheritance, court settlement, estate benefits, vacation pay, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sources	\$				Expected payment date	Year	Month	Day				

THE SPOUSE MUST ANSWER ALL OF THE QUESTIONS ON THIS PAGE.

Section 13 – Property and liquid assets (including outside Canada)

Do you have/Have you

• accounts at financial institutions (bank, caisse, etc.), including inactive and joint accounts?

Yes No

Name and address of financial institution	Account number	Amount (balance)
		\$
		\$
		\$
		\$

NOTE: The amounts declared must correspond to the account balances on the day of the application.

• cash on hand, uncashed cheques or prepaid credit cards?

Yes No

Description	Amount
	\$

• outstanding (uncashed) cheques or have you authorized automatic payments from your account for housing costs (e.g., mortgage, rent, electricity, heating or other form of energy)?

Yes No

Type of payment	Amount	Scheduled payment date
	\$	Year Month Day
	\$	
	\$	

• one or more safety deposit boxes?

Yes No

Name and address of financial institution	Value
	\$

• bonds, shares, a registered retirement savings plan (RRSP), a registered education savings plan (RESP), term deposits or other investments?

Yes No

Description	Value
	\$
	\$
	\$
	\$

• vehicles including vehicles in storage (automobile, motorcycle, truck, snowmobile, all-terrain vehicle, etc.) (excluding vehicles adapted for persons with disabilities)?

Yes No

Type of vehicle, make, year

Type of vehicle, make, year	Owned/Leased	Monthly payment	Market value
	<input type="checkbox"/> owned <input type="checkbox"/> leased	\$	\$
	<input type="checkbox"/> owned <input type="checkbox"/> leased	\$	\$
	<input type="checkbox"/> owned <input type="checkbox"/> leased	\$	\$

• a vehicle adapted for persons with disabilities?

Yes No

Type of vehicle, make, year

Type of vehicle, make, year	Owned/Leased	Monthly payment	Market value
	<input type="checkbox"/> owned <input type="checkbox"/> leased	\$	\$

• immovable property (house, mobile home, cottage, land, etc.)?

Yes No

Description	Acquisition date	Started living there in	Outstanding mortgage or loan	Monthly payment	Standardized assessment
	Year Month	Year Month	\$	\$	(Contact your municipality if necessary)
			\$	\$	\$
			\$	\$	\$

• movable property other than furniture (boat, trailer, coin or stamp collection, valuables, etc.)?

Yes No

Description	Market value
	\$
	\$
	\$

• a business (owner or shareholder)?

Yes No

If Yes, indicate the type of business and your percentage of ownership, if applicable:

Sole-ownership business Partnership _____% Incorporated company (Inc.) _____%

• sold or transferred property or liquid assets during the past 24 months?

Yes No

Description	Date of transfer or sale	Value
	Year Month Day	\$
		\$

• life insurance? Yes No If Yes, does it include equity securities (e.g. dividends, capitalization funds)? Yes No

Name of company

Section 14 – Debts and amounts owing (including those incurred outside Canada)

Are amounts owed to you?

Yes No

Description	Amount
	\$

Do you have debts other than mortgages?

Yes No

Description	Amount	Monthly payment
	\$	\$
	\$	\$

Section 15 – Solemn affirmation

I acknowledge that the Ministère du Travail, de l'Emploi et de la Solidarité sociale has duly informed me that it reserves the right to ask me for any document or information it deems necessary to process my application and that it may, without my consent, contact various public or private organizations or other third parties to verify my eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

I solemnly affirm that the information provided on this application form is accurate and complete.

I agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information, including information about the date of my return to work.

If this form has been completed by a person other than the signatory, please check this box.

Date

Signature of spouse