You must notify the Ministère du Travail, de l’Emploi et de la Solidarité sociale without delay of any change in your situation or your family situation that could affect your eligibility for financial assistance or the amount of your assistance.

To inform us of a change, use this form or call the Centre de communication avec la clientèle at 1-877-767-8773 (toll free). You can also go to one of our offices.

**Important**

Complete Section 1 and the sections related to the change(s) in your situation or your family situation. Be sure to provide the information requested, if any.

### Section 1 – Identification

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>File number</th>
</tr>
</thead>
</table>

### Section 2 – Change in your situation or your family situation

- **Arrival of a spouse**
  - Date of arrival
  - Person’s name

- **Departure of a spouse**
  - Date of departure
  - Person’s name

- **Increase in number of dependent children**
  - Date of change
  - Child’s name

- **Decrease in number of dependent children**
  - Date of change
  - Child’s name

- **A dependent child began attending school**
  - Start date
  - Child’s name

  **Level**
  - Secondary
  - Collegial
  - University

- **A dependent child completed their schooling or abandoned schooling**
  - Date of the event
  - Child’s name

- **Start of vocational training in a secondary-level institution or training in a post-secondary level institution**
  - Me
  - My spouse
  - Start date
  - Full-time studies
  - Part-time studies
  - Type of diploma to be earned

- **Change in the number of course hours or credits**
  - Me
  - My spouse
  - Date of change
  - Indicate the number of hours or credits after the change

- **End of vocational training in a secondary-level institution or training in a post-secondary level institution**
  - Me
  - My spouse
  - End date

### Section 3 – Changes in work income

- **Start of a job**
  - Me
  - My spouse
  - Dependent child
  - Job start date
  - Estimated gross weekly income

  **Employer’s name and address:**

- **Increase in work income**
  - Me
  - My spouse
  - Dependent child
  - Date of increase
  - Estimated gross weekly income

- **Decrease in work income**
  - Me
  - My spouse
  - Dependent child
  - Date of decrease
  - Estimated gross weekly income

If you no longer have work income, indicate the reason:
## Section 4 – Move

- I moved or will move shortly
  - **Date of the actual move:**
  - **Reason for the move:**

### New address

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apartment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- At the new address you will be:  
  - The owner
  - A tenant
  - A tenant in a subsidized dwelling (including low-rental housing and coops)
  - Rent a room
  - Rent room and board
  - Other, please specify

### If you are renting a room/room and board, are you related to the person who is renting you the room/room and board?

- Yes
- No

### Are you living with your spouse?

- Yes
- No

- If yes: Enter your spouse’s last name and first name:

### Cost of rent: $ 

- per month
- per week

### Includes electricity:

- Yes
- No

### Includes heating:

- Yes
- No

### Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program?

- Yes
- No

- If yes, enter the amount: $ 

### Does anyone else live with you at this new address? (Other than your spouse or a dependent children)?

- Yes
- No

- If yes, indicate the relation to you:

### Relation to you

- Me
- My spouse

### If you provide room or room and board to the person, specify the amount charged per week or month:

- $ 
  - a week
  - a month

- $ 
  - a week
  - a month

- $ 
  - a week
  - a month

## Section 5 – Change(s) related to your residence or Declaration of stay outside Québec

- I have a new telephone number
  - **Date of change:**
  - **New number:**

- An adult other than my spouse has left my home
  - **Date of departure:**
  - **Person’s name:**

- An adult other than my spouse has arrived in my home
  - **Date of arrival:**
  - **Person’s name:**

- Stay outside Québec lasting more than 7 consecutive days or for more than 15 days in a calendar month
  - **Date of departure:**
  - **Date of return:**

### Specify the location:

## Section 6 – Other changes

Other changes include: Receipt of money, receipt of amounts other than income from employment, purchase or sale of property, increase or decrease in liquid assets, accident, inheritance, pregnancy, incarceration, change in health, etc.

**Note:** If you are participating in the Aim for Employment Program, you do not have to declare your liquid assets or the purchase or sale of property.

## Section 7 – Signature(s)

- **Date:**

- **Signature of person declaring the change(s):**

- **Spouse’s signature:**