

Emploi

Québec



Monthly Statement

You must print the completed form before closing it so as not to lose your data.

Month



File number



Message

Name and address of recipient

Address of your local
employment centre

Important note

This form is to be filled and returned **as soon as there is a change** in your situation (family, financial or other), **or on the 15th day of the current month.**

MONTHLY STATEMENT

You must answer all of the questions.

A. Family situation

Yes No

Since your last statement,

- 1) have you begun living with a spouse? Yes No
- 2) have you ceased living with a spouse? Yes No
- 3) has there been an increase in the number of dependent children? Yes No
- 4) has there been a decrease in the number of dependent children? Yes No
- 5) has a dependent child ceased to be a student? If "yes," child's first name: _____ Yes No

B. Income and money

Yes No

Since your last statement,

- 1) have you, your spouse or a dependent child begun working? Yes No
If "yes," name and address of employer: _____

Year Month Day

Start date:

- 2) have you, your spouse or a dependent child begun receiving money or income other than work income? Yes No
- 3) has there been an increase in your income or that of your spouse or a dependent child? Yes No
- 4) has there been a decrease in your income or that of your spouse or a dependent child? Yes No

C. Residence and change of address

Yes No

Since your last statement,

- 1) has your telephone number changed? If "yes," new number: _____ Area code Number Yes No
- 2) has an adult other than your spouse ceased living with you? Yes No
- 3) has an adult other than your spouse begun living with you? Yes No
- 4) have you moved or do you plan to do so before your next monthly statement? Yes No

If "yes," complete both sides of the flap on the return envelope.

- 5) have you stayed outside Québec? Yes No

D. Other changes

Yes No

Have there been any other changes in your circumstances or those of your spouse (purchase or sale of property, return to school, change in number of hours of classes or credits, accident, inheritance, pregnancy, incarceration, state of health, etc.)? Yes No

E. Details

ONLY if you have answered "YES" to one or more questions, please provide details (type of income, amount, family situation, date of change, etc.).

Solemn affirmation

I solemnly affirm that all of the information provided in this form is correct and complete and agree to notify the Department without delay of any changes in my circumstances that could have an impact on the amount of my benefits. Legal proceedings may be instituted against any person who makes a false declaration.

Date

Signature of recipient