



# 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