

Réservé au Ministère

Date de réception

Section 1 – Personal information

The amount of financial assistance that is granted takes your family situation into account. You must read the definition of *spouse* in the Definitions section on the preceding page.

Are you living with another adult? ☐ Yes ☐ No

If **yes**, please answer the following questions to determine if you and this adult fit our definition of *spouse*.

- 1

Are you married or living in a civil union with this adult?

☐ Yes ☐ No
- 2

Is this adult the other parent of at least one of your children?

☐ Yes ☐ No
- 3

Have you been living with this adult as a couple for at least one year?

☐ Yes ☐ No
- 4

Have you lived with this adult in the past for at least one year and are you currently living together as a couple?

☐ Yes ☐ No

If you answered **yes** to one of the four previous questions, you fit our definition of *spouse*. Your spouse must provide the information concerning them under “Adult 2” in this form.

If you have been living as a couple with another adult for less than a year, please provide the following information.

Date cohabitation began

YearMonthDay

Adult’s last name

Adult’s first name

	Adult 1	Adult 2
File number (CP-12), if known	<div></div>	<div></div>
Last name	<div></div>	<div></div>
First name	<div></div>	<div></div>
Health insurance number	<div></div>	<div></div>
Are you represented by the Curateur public du Québec?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please provide your file number.	<div></div>	<div></div>
Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , • provide details.	<div>Number of courses: <div></div> Number of hours per week: <div></div> Number of credits or units: <div></div> Number of periods per week: <div></div><div><div><input type="checkbox"/> Secondary, general</div><div><input type="checkbox"/> Secondary, vocational</div><div><input type="checkbox"/> College</div></div><div><div><input type="checkbox"/> University, undergraduate</div><div><input type="checkbox"/> University, graduate</div><div><input type="checkbox"/> Other (specify): <div></div></div></div><div>Field of studies: <div></div></div></div>	<div>Number of courses: <div></div> Number of hours per week: <div></div> Number of credits or units: <div></div> Number of periods per week: <div></div><div><div><input type="checkbox"/> Secondary, general</div><div><input type="checkbox"/> Secondary, vocational</div><div><input type="checkbox"/> College</div></div><div><div><input type="checkbox"/> University, undergraduate</div><div><input type="checkbox"/> University, graduate</div><div><input type="checkbox"/> Other (specify): <div></div></div></div><div>Field of studies: <div></div></div></div>
If no , • are you enrolled in a program at an educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>If yes, provide the starting date. <div></div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>If yes, provide the starting date. <div></div></div>
• are you planning to enroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>If yes, provide the starting date. <div></div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>If yes, provide the starting date. <div></div></div>

According to your situation, you could be entitled to additional sums. If you answer the following questions, we can determine whether you are entitled to those sums.

Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>Expected date of birth <div></div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div>YearMonthDay</div> <div>Expected date of birth <div></div></div>
Does your health status allow you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no , give details about your health.	<div></div>	<div></div>

Section 2 – Information about the residence

Where do you live?

- ☐ In your own property

☐ In a dwelling

☐ In subsidized housing (e.g., low-income housing or housing cooperative)
- ☐ In a room or boarding house

☐ In a family type resource, hospital or intermediary resource
- ☐ Other (specify):

Provide the name of your landlord or lessor, if applicable.

Last name

First name

Telephone

Start of occupancy of the residence <div>YearMonthDay</div>	Monthly cost \$ <div></div>	Heating included <input type="checkbox"/> Yes <input type="checkbox"/> No	Electricity included <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving a sum from Revenu Québec for the Shelter Allowance program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , specify the amount. \$ <div></div> per month			
Are there other people living with you (other than your spouse and dependent children, if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , provide their last and first name and specify their relationship with you. <div></div>			



Section 3 – Income

Income means sums received from employment, benefits or allowances. Exemptions on income can apply, depending on your situation.

Do you have work income?

☐ Yes ☐ No

If yes, provide details below.

• Employment income

Net salary is calculated by subtracting income tax (provincial and federal), Employment Insurance premiums, Québec Parental Insurance Plan and Québec Pension Plan premiums as well as premiums to mandatory retirement savings plans and union dues from gross income.

Adult 1	Adult 2	Source or name of employer	Net salary	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Tips or gratuities

Adult 1	Adult 2	Source or name of employer	Net amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Income from self-employment or a business

Adult 1	Adult 2	Type of income	Start date of revenue collection	Net income	Per week	Every two weeks	Per month
			YearMonthDay				
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you receiving sums from government agencies or departments?

☐ Yes ☐ No

If yes, provide details below.

• Provincial department or agency (QPIP, SAAQ, CNESST, Retraite Québec, etc.)

Adult 1	Adult 2	Source	Gross amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Federal department or agency (Employment Insurance, Canada Pension Plan, Veterans Affairs Canada, Old Age Security)

Adult 1	Adult 2	Source	Gross amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Other department or agency (provincial, territorial or foreign)

Adult 1	Adult 2	Source	Gross amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you waiting for payment of certain income (e.g., following an application submitted to a government department or agency)?

☐ Yes ☐ No

If yes, provide details below.

Adult 1	Adult 2	Source	Amount, if known	Date of application
				YearMonthDay
<input type="checkbox"/>	<input type="checkbox"/>		\$	
<input type="checkbox"/>	<input type="checkbox"/>		\$	

Do you have other types of income?

☐ Yes ☐ No

If yes, provide details below.

• Income from rooming or boarding

Adult 1	Adult 2	Adult 1 and adult 2	Amount	Per week	Every two weeks	Per month	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of roomers or boarders	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Last and first names of roomers or boarders				

• Rental income

Adult 1	Adult 2	Source	Amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Income from an investment or a trust income, interest on a bond

Adult 1	Adult 2	Source	Amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Pension benefits (personal or employer pension fund)

Adult 1	Adult 2	Source	Amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Support payment income (as determined by court decision or agreement, paid in monetary or other form)

Adult 1	Adult 2	Received	Decision pending	Not received	Source	Amount	Per week	Every two weeks	Per month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Other income (insurance, annuity, rent reduction, sum from inheritance or court decision, allowance, monetary gift, etc.)

Adult 1	Adult 2	Source	Amount	Payment date
				YearMonthDay
<input type="checkbox"/>	<input type="checkbox"/>		\$	
<input type="checkbox"/>	<input type="checkbox"/>		\$	

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Section 4 – Liquid assets

The term *liquid assets*, means what a person owns in cash or an equivalent form.

Do you have one or more accounts in a bank or other financial institution?

☐ Yes ☐ No

The amount should match the account balance on the day of the application.

Adult 1	Adult 2	Adult 1 and adult 2	Name of the institution	Account number	Active	Inactive	Amount(balance)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$

Do you have money on hand, uncashed cheques, prepaid credit cards?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Do you have outstanding cheques or preauthorized payments for housing costs (mortgage, rent, costs of electricity or other source of energy)?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Date of payment	Amount
				YearMonthDay	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$

Do you own investments (RRSP, RESP, TFSA, term deposits, cryptocurrencies, etc.)?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Are there sums that are owed to you?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Total amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Section 5 – Property

You must take movable and immovable property that you have in Canada or abroad into account. Various exclusions may apply, depending on your situation.

Do you own vehicles (including stored vehicles): cars, motorcycles, adapted vehicles for people with disabilities, trucks, snowmobiles, ATVs, etc.?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Type of vehicle, make, year	Adapted vehicle	Owner	Lessee	Market value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Do you own immovable property: house, cabin, land, etc.?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Mortgage or loan on the property	Standardized value (according to latest tax account)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

Do you own other movable goods: boats, caravans, collections, valuables, etc.?

☐ Yes ☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Market value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Section 5 – Property (continued)

Do you have life insurance?

☐ Yes☐ No

Adult 1	Adult 2	Name of the insurance company	Does it include accumulated value?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

Do you own a business (owner or shareholder)?

☐ Yes☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Québec enterprise number (NEQ)	Corporate status and percentage of ownership, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership% <input type="checkbox"/> Corporation%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership% <input type="checkbox"/> Corporation%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership% <input type="checkbox"/> Corporation%

Did you sell or dispose of property or liquid assets (house, car, sums received via inheritance, etc.) or waive rights to such property or assets during the past 24 months?

☐ Yes☐ No

Adult 1	Adult 2	Adult 1 and adult 2	Description	Date of sale, disposal or waiving of rights YearMonthDay	Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$

Section 6 – Recipient(s) of correspondence

Correspondence means all the documents we will be sending you (notice of decision, cheques or notice of deposit, etc.).

For couples, the recipient(s) of the correspondence must be specified.☐ Couple☐ Adult 1☐ Adult 2

Correspondence addressed to one person will be sent directly to them. If it should be sent to another person, please specify the reason why.

Section 7 – Additional information

Please use this section to provide any additional information regarding your application.

Section 8 – Solemn affirmation

I acknowledge that the Ministère du Travail, de l'Emploi et de la Solidarité sociale duly informed me that they reserve the right to ask me for any document or information deemed necessary to confirm my eligibility and that of my family to a last-resort financial assistance program and to determine the amount of assistance to be granted. Verifications concerning me can be made with various public or private organizations or with individuals for this purpose, without my consent.

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

I shall immediately inform the Ministère of any change in my situation, notably to inform them about my return to work or study or about any new source of income.

☐ I did not fill out this form myself.

Date

Signature of adult 1

Signature of adult 2, if applicable

Réservé au Ministère

Date

Année

Mois

Jour

Adulte 1	Adulte 2
<div>Vérification de l'identité par</div> <div><input type="checkbox"/> Permis de conduire<input type="checkbox"/> Carte d'assurance maladie<input type="checkbox"/> Passeport</div> <div><input type="checkbox"/> Document d'immigration (précisez) :</div> <div><input type="checkbox"/> Autre (précisez) :</div>	<div>Vérification de l'identité par</div> <div><input type="checkbox"/> Permis de conduire<input type="checkbox"/> Carte d'assurance maladie<input type="checkbox"/> Passeport</div> <div><input type="checkbox"/> Document d'immigration (précisez) :</div> <div><input type="checkbox"/> Autre (précisez) :</div>

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