

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	as and enumge (e) an year end		, , , , , , , , , , , , , , , , , , ,
Last name			
First name		File r	umber
Section 2 – Change in your situation (or your family situation		
Date of arrival	Person's name		
Arrival of a spouse			
Date of departure Departure of a spouse	Person's name		
Doparture of a speake	Date of change	Child's name	
Increase in number of dependent children	Date of change	Offilia S flattic	
·	Date of change	Child's name	
Decrease in number of dependent children	Sato of officingo	Sind S Harris	
	Start date	Child's name	
A dependent child began attending school	Y M D		
	Level		
	Secondary Collegial	☐ University	
A dependent child completed their schoolin	Date of the event	Child's name	
or abandoned schooling			
Start of vocational training in a secondary-le	evel institution or training in a po	st-secondary level institution	
Me Start date	p Full-time studies	Type of diploma to be earned	
My spouse	Part-time studies		
Change in the number of course hours or c	redits		
Date of change	Indicate the number of h	ours	
My spouse	or credits after the chang		
End of vocational training in a secondary-le	vel inetitution or training in a noc	t-cacandary layal institution	
Me End date		r-secondary level institution	
My spouse	D		
Section 3 – Changes in work income			
<u> </u>		Job start date	Estimated gross weekly income
Start of a job	My spouse	Dependent child	\$
Employer's name and address:			
Increase in work income	My spouse	Dependent child Date of increase	Estimated gross weekly income
			\$
Decrease in work income	My spouse	Date of decrease Date of decrease	Estimated gross weekly income
If you no longer have work income, indicate the re	_ , ,		\$
ii jou no longer have work moonle, indicate the h			

a mont a	ection 4 -	- Move									
New address City At the new address you will be: The owner A tenant A] I moved	or will move shortly	Date of th	ie actual move		he move					
At the new address you will be: The owner A tenant A tenant a subsidized dwelling (including low-rental housing and coops) At the new address you will be: 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? **Next: ty you separationing in the Ante **Tomorgam, disregard this question.** No Are you living with your spouse? Yes If yes. Enter your spouse's last name and first name: Date you began living logethe Are you receiving a monthly amount from Revenu Quebec under the Shelter Allowance Program? Yes No Are you receiving a monthly amount from Revenu Quebec under the Shelter Allowance Program? No Are you receiving a monthly amount from Revenu Quebec under the Shelter Allowance Program? Yes No If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to you Indicate whether the person is a If you provide room or room and board If yes, indicate Relation to your Relat		Number 5	Street						Apartment		
At the new address you will be: The owner A tenant A tenant in a subsidized divelling (including low-rental housing and coops)	New										
At the new address you will be: Rent a room Rent room and board of the person who is renting a com/room and board, are you related to the person who is renting you the room/room and board? **Mote: Hyou are participating in the Aim for Employment Prayam, disregard this question. No Are you living with your spouse? Yes If yes: Enter your spouse's last name and first name: Date you began living togethe	address	City							Postal code		
At the new address you will be: Rent a room Rent room and board of the, 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? Note: If you are participating in the Aim for Employment Program, disceptating. No Are you living with your spouse? Yes											
If you are renting a room/room and board, are you related to the person who is renting you the room/room and board? Note: If you are participating in the Alm for Employment Program, disregard this question. Are you living with your spouse? Yes Mo		At the new address you	will be: =				elling (including lo	w-rental housing an	d coops)		
room/room and board? Note: If you are participating in the Aim for Employment Program, disregard this question. No Are you living with your spouse? Yes If yes: Enter your spouse's last name and first name: Date you began living togethe		Hent a room Hent room and board Uniter, please specify									
Are you living with your spouse? No per month per week Includes electricity: Yes Includes heating: Yes No Per week Includes electricity: Yes Includes heating: Yes No Search you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search your spouse heat if you provide room or room and board co-owner, co-tenant, co-roomer co-owner, co-tenant, co-roomer co-owner, co-tenant, co-roomer co-tenant, co-roomer charged per week or month Charged per week or month Search your spouse or a week or month Search your spouse or a dependent children)? Yes No Search your spouse or a dependent children)? Yes No Search yes No S											
Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? No Yes No If yes, enter the amount Yes No If yes, indicate Note: If you are participating in the Aim for Employment Program, disregard this question. Or co-owner, co-tenant, co-owner, co-tenant		Are you living with your	spouse? \equiv 103	f yes: Enter your spo	ouse's last name ar	d first name:		Date yo	u began living together		
Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? No Does anyone else live with you at this new address? (Other than your spouse or a dependent children? Yes No If yes, indicate Noise: If you are participating in the Alm for Employment Program, disregard this question. Indicate whether the person is a co-owner, co-tenant, co-roomer or co-owner, co-tenant, co-roomer or co-room/boarder with you: Shelter Shelter		Cost of rent: \$			Includes	electricity ·	Includes	heating : No)		
If yes, indicate Last and first names of the persons Relation to you Mote: If you are participating in the Aim for Employment Program, disregard this question. Indicate whether the person is a co-owner, co-tenant, co-roomer or co-room/boarder with you: Square and last name of the owner or person who is renting you the room or dwelling Telephone Telephone Telephone Date of change An adult other than my spouse has left my home Date of departure An adult other than my spouse has arrived in my home Date of arrival An adult other than my spouse has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more Me		Are you receiving a mont	thly amount from Re	venu Québec und	er the Shelter Al	owance Program?			/es, enter the amount:		
If yes, indicate Last and first names of the persons An adult other than my spouse has arrived in my home Date of departure has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more Me My spouse Date of departure My spouse Stay outside Québec lasting more than 7 consecutive days or for more Me My spouse Date of departure		Does anyone else live wit	th you at this new a		an your spouse o			_			
First and last name of the owner or person who is renting you the room or dwelling ction 5 — Change(s) related to your residence or Declaration of stay outside Québec I have a new telephone number An adult other than my spouse has left my home An adult other than my spouse has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more than 15 days in a calendar month Specify the location:		- ·	oersons	Note: If you are particip		co-owner, co-tenant, co	roomer	to the person, spe	ecify the amount		
First and last name of the owner or person who is renting you the room or dwelling ction 5 — Change(s) related to your residence or Declaration of stay outside Québec Date of change An adult other than my spouse has left my home An adult other than my spouse has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more								\$	a week a month a week a month		
who is renting you the room or dwelling ction 5 — Change(s) related to your residence or Declaration of stay outside Québec I have a new telephone number Date of change Date of departure An adult other than my spouse has left my home Date of arrival Person's name Person's name Stay outside Québec lasting more than 7 consecutive days or for more than 15 days in a calendar month Date of return My spouse Me Date of departure Me My spouse Date of person's name Date of departure My spouse Date of person's name Date of departure My spouse		First and last name of the	o owner or person						a week		
An adult other than my spouse has left my home Date of change M Date of c											
An adult other than my spouse has left my home An adult other than my spouse has left my home Date of departure Manager Department	ction 5 -	- Change(s) related t	o your residenc	e or Declarati	on of stay ou	tside Québec					
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An adult other than my spouse has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more Me han 15 days in a calendar month Specify the location:			Date of departure	M D	erson s name						
has arrived in my home Stay outside Québec lasting more than 7 consecutive days or for more than 15 days in a calendar month Me Date of departure My spouse Date of return My spouse			Date of arrival	Pe	erson's name						
than 15 days in a calendar month My spouse Specify the location:			Y	M D							
			han 7 consecutive d	ays or for more			of departure M	Date of	return		
tion 6 – Other changes	Specify th	ne location:									
ction 6 – Other changes											
	ction 6 -	- Other changes									
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	s. 11 you a	ne participating in the Am	i ioi Empioymenti	logiam, you uo m	ot nave to uccia	e your iiquiu asseis	or the purchase	or sale or proper	ty.		
	ction 7 -	- Signature(s)									
e: 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. ction 7 – Signature(s)											
e: 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.		Data			to a star of the s			0			
e: 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. ction 7 – Signature(s)		Date	Signate	ure of person declar	ing the change(s)			Spouse's signatu	re		

Protection of personal information

The personal information collected in this form is required by the Ministère du Travail, de l'Emploi et de la Solidarité sociale in the exercice of its functions. Access to the information is restricted to the persons who are authorized to consult it as part of their employment duties. You are entitled to be informed about the information concerning you held by the Ministère, to receive such information and to request corrections, by submitting a written request to the person in charge of access to documents and the protection of personal information.

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