

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

Last name

First name

File number

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

<input type="checkbox"/> Arrival of a spouse	Date of arrival Y M D	Person's name
<input type="checkbox"/> Departure of a spouse	Date of departure Y M D	Person's name
<input type="checkbox"/> Increase in number of dependent children	Date of change Y M D	Child's name
<input type="checkbox"/> Decrease in number of dependent children	Date of change Y M D	Child's name
<input type="checkbox"/> A dependent child began attending school	Start date Y M D	Child's name
	Level <input type="checkbox"/> Secondary <input type="checkbox"/> Collegial <input type="checkbox"/> University	
<input type="checkbox"/> A dependent child completed their schooling or abandoned schooling	Date of the event Y M D	Child's name
<input type="checkbox"/> Start of vocational training in a secondary-level institution or training in a post-secondary level institution	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Full-time studies <input type="checkbox"/> Part-time studies Start date Y M D Type of diploma to be earned
<input type="checkbox"/> Change in the number of course hours or credits	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	Date of change Y M D Indicate the number of hours or credits after the change
<input type="checkbox"/> End of vocational training in a secondary-level institution or training in a post-secondary level institution	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	End date Y M D

## Section 3 – Changes in work income

<input type="checkbox"/> Start of a job	<input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Dependent child	Job start date Y M D Estimated gross weekly income \$
Employer's name and address:		
<input type="checkbox"/> Increase in work income	<input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Dependent child	Date of increase Y M D Estimated gross weekly income \$
<input type="checkbox"/> Decrease in work income	<input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Dependent child	Date of decrease Y M D Estimated gross weekly income \$
If you no longer have work income, indicate the reason:		

## Section 4 – Move

<input type="checkbox"/> I moved or will move shortly	Date of the actual move Y M D	Reason for the move	
New address	Number	Street	Apartment
	City		Postal code
At the new address you will be:			
<input type="checkbox"/> The owner <input type="checkbox"/> A tenant <input type="checkbox"/> A tenant in a subsidized dwelling (including low-rental housing and coops) <input type="checkbox"/> Rent a room <input type="checkbox"/> Rent room and board <input type="checkbox"/> 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? <i>Note: If you are participating in the Aim for Employment Program, disregard this question.</i>			
<input type="checkbox"/> Yes    If yes, indicate the relation to you: _____ <input type="checkbox"/> No			
Are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Enter your spouse's last name and first name: _____ Date you began living together Y M D			
Cost of rent: \$ _____			
<input type="checkbox"/> per month <input type="checkbox"/> per week    Includes electricity : <input type="checkbox"/> Yes <input type="checkbox"/> No    Includes heating : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, enter the amount: \$ _____			
Does anyone else live with you at this new address? (Other than your spouse or a dependent children)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate			
Last and first names of the persons		Relation to you <i>Note: If you are participating in the Aim for Employment Program, disregard this question.</i>	Indicate whether the person is a co-owner, co-tenant, co-roomer or co-room/boarder with you:
			If you provide room or room and board to the person, specify the amount charged per week or month
			\$ _____ <input type="checkbox"/> a week <input type="checkbox"/> a month
			\$ _____ <input type="checkbox"/> a week <input type="checkbox"/> a month
			\$ _____ <input type="checkbox"/> a week <input type="checkbox"/> a month
First and last name of the owner or person who is renting you the room or dwelling			Telephone

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

<input type="checkbox"/> I have a new telephone number	Date of change Y M D	New number
<input type="checkbox"/> An adult other than my spouse has left my home	Date of departure Y M D	Person's name
<input type="checkbox"/> An adult other than my spouse has arrived in my home	Date of arrival Y M D	Person's name
<input type="checkbox"/> Stay outside Québec lasting more than 7 consecutive days or for more than 15 days in a calendar month	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	Date of departure Y M D    Date of return Y M D
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
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### 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 exercise 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.

