

## General information

The Ministère de l'Emploi et de la Solidarité sociale is responsible for programs provided for in the Individual and Family Assistance Act. These programs allow people who have no or low income to receive last-resort financial assistance, subject to certain criteria.

To submit an application for last-resort financial assistance, you must

- Fill out the Application for Services (3003-01)
- Fill out the present form, Application for Last-Resort Financial Assistance (3003-02)
- Put together all the requested documents and information. They are necessary to establish your eligibility and to determine the amount of assistance that could be granted to you. See the Required Documents section below
- Send us both forms and the documents by using our online services, by mail or by submitting all forms and documents in person at one of our offices (Services Québec offices). To find out their location, go to [Quebec.ca/financialassistance](http://Quebec.ca/financialassistance).

To get information or help filling out a form or to get a document regarding health issues, you can visit [Quebec.ca](http://Quebec.ca). You can also call the Centre de communication avec la clientèle at 1-877-767-8773 (toll free) or go to one of our offices.

### Application processing

Your application for financial assistance will be processed once you have provided all the documents and information required for processing.

During processing, the person in charge of analyzing your application may contact you to obtain documents or to clarify some information.

### About the programs

Depending on your situation, you could receive assistance under one of the following programs:

- **Social Assistance Program**  
For adults without severely limited capacity for employment
- **Aim for Employment Program**  
For adults who are eligible for the Social Assistance Program for the first time
- **Social Solidarity Program**  
For adults with severely limited capacity for employment
- **Basic Income Program**  
For adults who are eligible for the Social Solidarity Program and have had severely limited capacity for employment for at least 66 months over the previous 72 months

The amount of financial assistance you receive when you are eligible for the Social Solidarity Program, the Social Assistance Program or the Aim for Employment Program is calculated based on **the date on which we received your forms**. When you are eligible for the Basic Income Program, it is calculated based on the month on which we received your forms.

## Required documents

You must provide certain documents with your application for financial assistance. You must provide documents for yourself and, if applicable, for each member of your family.

### Important!

The Ministère reserves the right to ask you at any time to provide any additional information required to verify your eligibility for last-resort financial assistance and determine the amount that could be granted to you. Failure to provide documents or information in the required time may lead to the refusal of your application.

### Proof of identity

- Based on your situation, you may be required to provide a document with photograph issued by a public agency to verify your identity.
- Depending on your situation, a birth certificate or equivalent document could be required.

#### If you were born in Québec

You do not need to provide a birth certificate unless the Ministère requests it.

#### If you were born in Canada, but outside Québec

You must provide the birth certificate issued by the office responsible for vital statistics in the province or territory of birth.

#### If you were born outside Canada

You must provide one of the following documents:

- Immigrant Visa and Record of Landing (IMM 1000)
- Confirmation of Permanent Residence (IMM 5292 or IMM 5688)
- Document of decision granting refugee protection status
- Document authorizing entry into Canada (IMM 1442)

### Other documents

- Documents showing your current income or income that ended during the month of application (e.g., paycheque stubs, proof of payment of benefits or allowances, court decisions). Income can be from work or other sources
- Documents showing the value of your property and assets, including those held outside of Québec (e.g., bank account statement, investment account statement, mortgage statement)
- If you have health issues, a medical certificate attesting to your health condition or need for special equipment

### Additional documents required when applying for reimbursement of funeral expenses

You can apply for reimbursement of funeral expenses for a person who is deceased. If, at the time of their death, you were part of a couple or family with that person, you must use the present form, *Application for Last-Resort Financial Assistance (3003-02)*, to submit your application for reimbursement.

You must also provide the following documents:

- Attestation or Declaration of death or a copy thereof
- Documents showing the person's account balance on the date of death.
- If you have already received it, the notice of decision from Retraite Québec regarding the death benefit

## Definitions

You must fill out the sections of this form according to your situation. The following definitions will help you know if you are considered as having a spouse or a dependent child. They are provided for information purposes only and do not replace the relevant legal provisions.

### Spouse

Your spouse is (even if temporarily absent):

- The person who lives with you and with whom you are married or in a civil union
- The person who lives with you and is the other parent of at least one of your children
- The adult person who lives with you in a conjugal relationship and who, at a given time, lived with you for at least one year

### Dependent child

If you have a dependent child or dependent children, you must complete the *Appendix Dependent Children (3003-03A)* form.

The following children are considered as your dependents, if you support them:

- A minor child
- An adult child enrolled in an educational institution, either part-time or full-time

The following children are not considered as your dependents:

- A minor child who is married or is the parent of a dependent child

- A fully emancipated minor child
- An adult child who is enrolled in an educational institution and who is married or in a civil union or is the parent of a dependent child
- A child who is sheltered in a rehabilitation centre or who is taken in charge by a foster family or an intermediate resource, unless the child's return to your family is provided for in an intervention plan
- A child who is taken in charge by a tutor under the Youth Protection Act
- A child you had with a former spouse, if that spouse supports the child

## Verification and exchange of personal information

### Important!

- You are required to declare all of your income, properties or assets. You must also inform the Ministère of any change in your situation. This information could influence your eligibility or the amount of assistance granted to you.
- Failure to provide the required documents may lead to the refusal of your application.
- Any false declaration could result in fees being charged and lead to prosecution.
- The Ministère may claim back any overpayments it makes to you.

The information exchanged with other organizations remains confidential and is used only for the purposes described in this section.

We are required to determine your eligibility to financial assistance and the amount that could be granted to you. To do so, we must verify the accuracy of the information you provide in your application (name, address, amount of an allowance or benefit, income, value of immovable property, etc.). The information is verified with other departments, public or private organizations or any other source.

We are also required to exchange or compare information with them.

You are entitled to be informed about the information concerning you held by the Ministère de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections. To do so, you must contact the person in charge of access to documents and the protection of personal information at the Ministère.

### Verification of information

**Once your application for last-resort financial assistance is submitted**, the Ministère obtains

- Your tax information for the previous year and, if applicable, that of your spouse, from Revenu Québec
- Information about your vehicles, from the Société de l'assurance automobile du Québec (SAAQ)
- Information about your properties, from the Ministère des Affaires municipales et de l'Habitation.

**At any time and without your consent**, the Ministère can verify any information it has about you and your family with public or private organizations, landlords, employers, financial institutions, municipalities, credit bureaus, etc.

The Ministère can also use some personal information from the Québec Parental Insurance Plan (QPIP) or programs under its responsibility. This verification can include the cross-referencing of files.

### Comparison of computer files

The Ministère can compare various computer files to verify information provided in your application for financial assistance or otherwise supplied while you are receiving assistance.

Through this cross-referencing, it is possible to find out if a person

- Is receiving Employment-Insurance benefits, student loans and bursaries, pensions or benefits paid following an automobile accident or a work injury
- Is enrolled in vocational studies in a secondary school or enrolled in a college or university
- Is held in prison or required to reside in an institution in preparation for their reintegration in the community.

This also makes it possible to verify

- Some information about income and property, as well as information about the spouse with Revenu Québec
- Information about deaths, marriages or civil unions, or the dissolution of a marriage or a civil union with the Directeur de l'état civil
- Information about the payment amount for the Canada Child Benefit with the Canada Revenue Agency

### Exchange of information

The Ministère can also ask for personal information from or send information to the following departments and agencies:

- Retraite Québec
- Directeur de l'état civil
- Protecteur du citoyen
- Ministère de la Justice
- Correctional Service of Canada
- Employment and Social Development Canada
- Canada Revenue Agency
- Régie de l'assurance maladie du Québec
- Ministère de la Sécurité publique
- Société de l'assurance automobile du Québec (SAAQ)
- Ministère des Affaires municipales et de l'Habitation
- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)
- Ministère de l'Éducation
- Ministère de l'Enseignement supérieur
- Ministère de l'Immigration, de la Francisation et de l'Intégration
- Cree Hunters and Trappers Income Security Board
- New Brunswick Department of Social Development
- Ontario Ministry of Children, Community and Social Services



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  Year  Month  Day

Adult's last name  Adult's first name

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

## Section 2 – Information about the residence

Where do you live?

- In your own property  In a rental unit  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  Year  Month  Day Monthly cost \$  Heating included  Yes  No Electricity included  Yes  No

Are you receiving a sum from Revenu Québec for the Shelter Allowance program?  Yes  No

If **yes**, specify the amount. \$  per month

Are there other people living with you (other than your spouse and dependent children, if applicable)?  Yes  No

If **yes**, provide their last and first name and specify their relationship with you.



### 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.

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.

**• Employment 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
			Year	Month	Day				
<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		
				Year	Month	Day
<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"/>
			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	Date of payment		
				Year	Month	Day
<input type="checkbox"/>	<input type="checkbox"/>		\$			
<input type="checkbox"/>	<input type="checkbox"/>		\$			



## 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
				Year	Month	Day	
<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			Value
				Year	Month	Day	
<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 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**  
Vérification de l'identité par   
 Permis de conduire  Carte d'assurance maladie  Passeport  
 Document d'immigration (précisez) :   
 Autre (précisez) :

**Adulte 2**  
Vérification de l'identité par   
 Permis de conduire  Carte d'assurance maladie  Passeport  
 Document d'immigration (précisez) :   
 Autre (précisez) :

