

Information about Housing/Notice of Change of Address

☐ Housing information ☐ Change of address

Name and address of beneficiary or participant

Numéro de dossier	
Bureau de Services Québec	
Nom de l'agent	
Téléphone	Poste

Please provide the requested information about:

- ☐ Your current dwelling
☐ The dwelling where you will be living after the move

If you are: ☐ Rooming or boarding with someone, complete sections 1, 4, 5 and 6.

☐ The owner or tenant, complete sections 2, 3, 4, 5 and 6.

☐ In another situation, complete sections 1, 4, 5 and 6, and specify the situation here: _____

If you are participating in the Aim for Employment Program, do not answer the questions marked with an *.

1 Room or Board

• Your situation ☐ Rent a room ☐ Rent room and board

Last name and first name of the person who is renting you the room _____ Telephone _____ Ext. _____

• Are you related to the person who is renting you the room? ☐ Yes ☐ No If yes, indicate the relation to you: _____

• Are you related to any of the other roomers or boarders?* ☐ Yes ☐ No If yes, indicated the relation to you: _____

• Are you living with your spouse? ☐ Yes ☐ No If yes: Enter your spouse's last name and first name: _____

On what date did you start living together? _____
Year Month Day

• Cost of rent: \$ _____ ☐ per month ☐ per week Includes electricity? ☐ Yes ☐ No Includes heating? ☐ Yes ☐ No

• Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program?* ☐ Yes ☐ No If yes, enter the amount: \$ _____

• Does anyone else live with you in the room at this address (Other than your spouse or dependent children, if any)? ☐ Yes ☐ No

If yes, indicate: Last name and first name of the persons Relation to you*

_____	_____
_____	_____
_____	_____

2 Owner or Tenant

• You are ☐ The owner ☐ A tenant ☐ A tenant in a subsidized dwelling (including low-rental housing and coops)

• Are you living with your spouse? ☐ Yes ☐ No If yes: Enter your spouse's last name and first name: _____

On what date did you start living together? _____
Year Month Day

• Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program?* ☐ Yes ☐ No If yes, enter the amount: \$ _____

• If you are the owner, indicate the cost of: Mortgage: \$ _____ a month Municipal taxes: \$ _____ a year
School taxes: \$ _____ a year Fire insurance: \$ _____ a year

• If you are a tenant, enter the cost of rent: \$ _____ a month Includes electricity? ☐ Yes ☐ No Includes heating? ☐ Yes ☐ No

• If you are a tenant, indicate the last name, first name and telephone number of the owner or person who is renting you the dwelling:

_____ Telephone _____ Ext. _____

• Does anyone else live with you at this address (co-owner, co-tenant or anyone else)? ☐ Yes ☐ No

If yes, indicate: Last name and first name of the persons Relation to you*

_____	_____
_____	_____
_____	_____

3 Income from room and board/Care being provided

- Do you offer rooms for rent? ☐ Yes ☐ No If **yes**, indicate: Number of rooms **offered** for rent:
Number of rooms **rented**:

Provide the information requested for each of the rooms:

	Number of persons in the room	Last name and first name of persons in the room	Room or Board?	Rent charged
Room 1			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month
Room 2			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month
Room 3			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month

	Relation to you*	Relation to persons in the room*	Relation to persons in another room*
Room 1			
Room 2			
Room 3			

Note: Use a separate sheet to provide information about additional rooms or about persons.

- Do you or does a member of your family provide constant care for health reasons to a person occupying one of these rooms?*

☐ Yes ☐ No If **yes**, indicate: Last name and first name of person who is providing the care:
Last name and first name of person receiving the care:

- Do you or does a member of your family receive constant care for health reasons from a person occupying one of these rooms?*

☐ Yes ☐ No If **yes**, indicate: Last name and first name of person who is receiving the care:
Last name and first name of person providing the care:

4 Move

- Date of actual move

Year Month Day

New address:

Number Street Apartment
City Postal code Area code Telephone

- Reason for move:

5 Direct deposit

- If you are using the direct deposit system to receive your monthly benefits, do you wish to continue? ☐ Yes ☐ No

To sign up for direct deposit or change your direct deposit information, please enclose a blank personal cheque from your account, marked "VOID". If you do not have a chequing account, ask your financial institution for equivalent proof.

6 Solemn affirmation

I solemnly affirm that the information provided on this form is accurate and complete, and agree to inform the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information.

The personal information collected in this form is required by the Ministère 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.

Date

Signature of beneficiary or participant