Emploi et Solidarité sociale
QUÉBEC ✤✤

Request for application of payment

Name and address of debtor

_____

_____

_____

_____

File number (CP-12) number

Responsible office

Name of socioeconomic aid officer

Phone	Extension

L'agent doit remplir les parties encadrées avant de remettre le formulaire au client en 2 copies. Fournir l'enveloppe de retour ENV-0008.

SHARED PAYMENT

Shared payment consists in dividing the debtor's payments into two distinct files.

☐ Shared payment (direct withdrawal method)
(Spouse must sign the request.)

| | | | | | $ per month for file | | | | | | | | | | |

File number

☐ Shared payment
(monthly reimbursement method)

| | | | | | $ per month for file | | | | | | | | | | |

File number

ALLOCATION

The order of priority established by the Ministère de l'Emploi et de la Solidarité sociale for repayment of various claims can be changed through allocation.

Claim numbers   Claim numbers

Order of priority

1 _____   6 _____
2 _____   7 _____
3 _____   8 _____
4 _____   9 _____
5 _____   10 _____

Please note:
- Check the information entered in the boxed spaces.
- Sign the form and, if necessary, have your spouse sign it.
- Keep a copy of the form for your personal files and return the other copy to the office responsible for your recovery file in the envelope provided (ENV-0008).

I hereby request that I be allowed to make my payments using the method indicated above.

_____   _____
Date   Signature of debtor

_____   _____
Date   Signature of spouse (compulsory for shared payment)

You may cancel this request by writing to the office responsible for your recovery file. Make certain to always indicate your file number.

You may change your application of payment option by completing a new form.

Ministère de l'Emploi et de la Solidarité sociale