

Guide

This form is intended for you if you and the members of your family, if applicable, have moved to Québec from another country, are claiming refugee protection **and** are filing your first application for last-resort financial assistance.

If you do not meet these three criteria, instead of completing this form you must complete the following forms:

- *Application for Service – General Information (3003A)*
- *Appendix 1 – Information about Education and Employment (3003-01A)*
- *Appendix 2 – Application for Last-Resort Financial Assistance (3003-02A)*

The *Individual and Family Assistance Act* provides for **two last-resort financial assistance programs**: the Social Solidarity Program and the Social Assistance Program.

The **Social Solidarity Program** is for independent adults with a severely limited capacity for employment and families that include one or more adults with this type of limitation. The **Social Assistance Program** is for independent adults and families who are not in this situation.

For more information about these programs, please refer to the information document available at your local employment centre (CLE) or Services Québec office or go to the [Québec.ca](http://Quebec.ca) website.

To obtain last-resort financial assistance, you must file an application using this form and provide any documents and information required to verify your eligibility and determine the amount that could be granted to you. Failure to provide documents or information may lead to the refusal of your application.

The information that you provide on this form will be used for the study of your application for last-resort financial assistance and for the purpose of applying the *Individual and Family Assistance Act*.

Access to the information that you provide is limited to the persons who are authorized to consult it as part of their employment duties.

If you need additional information in order to complete this form, please contact the **Centre de communication avec la clientèle de Services Québec at 1-877-767-8773** (toll free).

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

Read each question carefully and **complete the sections that concern you**.
Please print, using a pen.

	pages 1, 3, 4, 5 and 6		pages 1, 3, 4, 5, 6, 7, 8, 9 and 10
	pages 1, 2, 3, 4, 5 and 6		all of the pages

Once you and your spouse, if applicable, have completed and signed the application, please submit it to the local employment centre (CLE) or Services Québec office closest to your home. Be sure to attach the required documents. If required, we will contact you to arrange an appointment. **You must identify yourself when you attend this appointment, in the same way as when you file your application.** If you have received your **Refugee Protection Claimant Document**, be sure to take it with you to the appointment, along with your **Interim Federal Health Certificate of Eligibility (IFHP Certificate)**.

Your eligibility for last-resort financial assistance will be assessed **as of the day on which this application form is received by one of our offices.**

Verifications and exchanges of information

Verifications when you apply and while receiving assistance

As soon as you file an application for last-resort financial assistance, the Ministère du Travail, de l'Emploi et de la Solidarité sociale obtains taxation information for the previous year about you and your spouse, if applicable, from Revenu Québec. It also obtains information about your vehicles from the Société de l'assurance automobile du Québec, in order to check the information that you provided in your application for assistance.

The Ministère may also verify information with public agencies and private organizations, landlords, employers, financial institutions, insurance companies, municipalities, credit bureaus, etc. **at any time, without your consent.**

The Ministère may use certain personal information that it holds within the framework of the Québec Parental Insurance Plan in order to verify your eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

Exchanges of information with other organizations

The Ministère may request to receive personal information (e.g., name and address, amount of benefits, indemnities or income received, value of an immovable) from or provide such information to the Commission des normes, de l'équité, de la santé et de la sécurité du travail, Employment and Social Development Canada, the Canada Revenue Agency, the Ontario Ministry of Children, Community and Social Services, the New Brunswick Department of Social Development, certain Québec government departments (Ministère de l'Éducation et de l'Enseignement supérieur, Ministère de la Justice, Ministère de l'Immigration, de la Diversité et de l'Inclusion, Ministère des Affaires municipales et de l'Habitation, Ministère de la Sécurité publique), the Cree Hunters and Trappers Income Security Board, the Protecteur du citoyen, the Régie de l'assurance maladie du Québec, Retraite Québec, Correctional Service Canada, the Société de l'assurance automobile du Québec and/or the Directeur de l'état civil.

Comparisons of computerized files

Comparisons of computerized files are aimed at identifying recipients of benefits from the Ministère who also receive employment insurance benefits, Québec Parental Insurance Plan benefits, student loans and bursaries, indemnities following an automobile or work accident and pensions.

These comparisons also serve to identify persons who are incarcerated, who are required to reside in a half-way house, or who are attending a secondary-level educational institution in a vocational program or a post-secondary educational institution (college or university).

Comparisons of computerized files with Revenu Québec are carried out to verify income, property and certain information concerning the person's spouse.

In the case of the Directeur de l'état civil, the purpose of such comparisons is to obtain information on marriages and civil unions, dissolutions of marriages and civil unions, and deaths.

In the case of the Canada Revenue Agency, comparisons are carried out in order to adjust the amount of last-resort financial assistance in the light of information concerning the federal government's Canada Child Benefit.

Despite such verifications and comparisons of files, **you are still obliged under the Act to declare your income from all sources and any changes in your circumstances.** However, you are not obliged to declare the family allowance paid to you by Retraite Québec or the Canada Child Benefit received from the federal government (unless the Ministère requests that you declare these amounts).

Please note that if you receive amounts from these agencies or organizations, you may be obliged to repay any benefits you have been granted to which you are not entitled.

A false declaration may lead to legal proceedings.

Note – The information exchanged with other organizations remains confidential and is used only for the above-described purposes.

Definitions

For the purposes of this application, “**spouse**” and “**dependent child**” are defined as follows:

Spouse	Dependent child
<p>Your spouse is:</p> <ul style="list-style-type: none">the person who lives with you, even if he or she is temporarily absent, and with whom you are married or in a civil unionthe person who lives with you, even if he or she is temporarily absent, and who is the parent of at least one of your childrenthe person of full age, of the opposite or the same sex, who cohabits with you in a de facto union, even if he or she is temporarily absent, and who has, at a given time, lived with you for at least one year	<p>The following children are considered to be your dependants if you support them:</p> <ul style="list-style-type: none">a child under age 18, unless he or she is married or is the parent of a child who is his or her dependanta child aged 18 or over who is a full-time or part-time student, unless he or she is married, is in a civil union, has a spouse or is the parent of a child who is his or her dependant <p>The following children are <i>not</i> considered to be your dependants:</p> <ul style="list-style-type: none">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 the intervention plana child who is taken in charge by a tutor under the <i>Youth Protection Act</i>a child you had with a former spouse, if this spouse supports the child

Note – The above definitions are provided for information purposes. They do not replace the provisions of the Act.

Required documents

Please note that the documents must be provided for the **applicant, spouse and dependent children**, as applicable.

1. Original copies of identification documents

The following documents:

valid **Refugee Protection Claimant Document** (RPCD, not expired)

and, if the RPCD has expired, one of the following documents:

- valid **Interim Federal Health Certificate of Eligibility** (IFHP Certificate, not expired)
- valid **Work Permit** (not expired)
- valid **Study Permit** (not expired)

Other documents

- Documents that serve to determine your and, if applicable, your dependent children’s current income and income ending during the month of the application (pay stubs, proof of job termination, etc.), including income from outside Canada.
- Any judgment or agreement providing for support payments.**
- If you have sold or transferred property or liquid assets within the last two years:**
deed of sale or transfer of property or liquid assets
- Most recent life insurance policy statement including equity securities (e.g. dividends, capitalization fund).
- If you require special equipment or assistance due to your health, physical condition or disabilities** and this need is not covered by the Interim Federal Health Program:
 - medical proof or a *Certificat médical* form (SR-0040) completed by a physician. You can obtain a *Certificat médical* at **Québec.ca**, by contacting the Centre de communication avec la clientèle of Services Québec at **1-877-767-8773** or from your local employment centre or Services Québec office.
- If you are applying for the special benefit for funeral expenses:**
 - Declaration of Death, Attestation of Death or other document confirming the death
 - Notice of decision from Retraite Québec
 - Documents showing the person’s bank balance on the date of death

Note – The Ministère reserves the right to ask you at any time to provide any documents and 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 may lead to the refusal of your application.

Date de réception

Complete the white spaces. Please print, using a pen.

Section 1 – Country of origin and arrival in Canada

What is your country of origin?		Date you left your country of origin	Year	Month	Day
What country did you live in before arriving in Canada?		Date you arrived in Canada	Year	Month	Day
Did you hold a visa or permit when you arrived in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please specify <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit					

Section 2 – Identification

Do you have a spouse? Yes No *If Yes, answer questions 1 to 4.*

1 Are you married to or in a civil union with this spouse? Yes No

2 If you are not married to or in a civil union with this spouse and you have been living together for less than one year, have you ever lived with this person for a period of at least one year in the past? Yes No

Year Month Day Year Month Day

If Yes, specify the period you lived together. From _____ to _____

If No, give the date your de facto union began. _____

Indicate your spouse's last name and first name. _____

3 Do you have a child from your current union? Yes No

4 Does your spouse live at the same address as you? Yes No *If No, enter the reason and your spouse's address.*

If you answered YES to questions 1, 2 or 3, complete all of the sections about your spouse.

In addition to your spouse and dependent children, do any other people live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate their names and how they are related to you, if applicable.	

Last and first names as shown on the immigration document	Applicant	Spouse
	CP-12 _____	CP-12 _____
Date of birth and sex	Year Month Day <input type="checkbox"/> Female <input type="checkbox"/> Male	Year Month Day <input type="checkbox"/> Female <input type="checkbox"/> Male
	Number Year Month Day	Number Year Month Day
Social insurance number and expiry date	Number Year Month Day	Number Year Month Day
	<input type="checkbox"/> Single <input type="checkbox"/> Married or civil union <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Legally separated <input type="checkbox"/> De facto spouse <input type="checkbox"/> Divorced or civil union dissolved <input type="checkbox"/> Separated (no judgment)	<input type="checkbox"/> Single <input type="checkbox"/> Married or civil union <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Legally separated <input type="checkbox"/> De facto spouse <input type="checkbox"/> Divorced or civil union dissolved <input type="checkbox"/> Separated (no judgment)
If you are a surviving spouse, separated or divorced, or your civil union has been dissolved, give the date of this change in marital status	Year Month	Year Month
	<input type="checkbox"/> French <input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> English

Section 3 – Domicile

Number	Street	Apartment	Telephone (even if confidential)	
			Area code	Number
City	Postal code	Other telephone (even if confidential)		
		Area code	Number	
Email address				
Check the box that corresponds to the place where you currently live. <input type="checkbox"/> Home owned by you <input type="checkbox"/> Rented apartment <input type="checkbox"/> Subsidized apartment (includes coops, low-income housing "HLM") <input type="checkbox"/> Room or board <input type="checkbox"/> Family-type resource, hospital or intermediate resource <input type="checkbox"/> Other (specify) _____				
Date you moved to this dwelling	Year Month Day	Monthly cost \$	Heating included <input type="checkbox"/> Yes <input type="checkbox"/> No	Electricity included <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you participating in Revenu Québec's Shelter Allowance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, indicate the amount you receive: \$ _____ per month</i>				
Last and first names of the owner or landlord (person who rents you the dwelling or room), if applicable			Telephone	
			Area code	Number

Section 4 – Payment method and person to whom the cheque is to be issued

Please provide a blank personal cheque, marked "VOID", for the account where your benefits are to be deposited. Check this box if you do not wish to register for direct deposit.

If you do not have cheques, please submit a document from your financial institution indicating the same information.

If you are not registering for direct deposit, indicate the person to whom the cheque should be issued.

For couples, unless otherwise specified, the cheque will be made out to both spouses. If not, specify the name of the person to whom the cheque should be issued.

For independent adults, unless otherwise specified, the cheque will be made out to the applicant. If not, specify the name of the person to whom the cheque should be issued.

Name _____ Name _____

Where should the cheque be sent? Home address Other (specify) _____

COMPLETE THIS PAGE IF YOU HAVE DEPENDENT CHILDREN.

Section 5 – Applicant’s and spouse’s dependent children (see “Definitions” section)

Child 1	Child 2	Child 3
Last name	Last name	Last name
First name	First name	First name
Date of birth Year Month Day	Date of birth Year Month Day	Date of birth Year Month Day
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> Kindergarten <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Other (specify)	If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> Kindergarten <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Other (specify)	If the child is enrolled in an educational institution, check the level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary (vocational) <input type="checkbox"/> Kindergarten <input type="checkbox"/> College (CEGEP) <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary (general) <input type="checkbox"/> Other (specify)
Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father’s last name	Father’s last name	Father’s last name
Father’s first name	Father’s first name	Father’s first name
Father’s country of residence	Father’s country of residence	Father’s country of residence
Mother’s last name	Mother’s last name	Mother’s last name
Mother’s first name	Mother’s first name	Mother’s first name
Mother’s country of residence	Mother’s country of residence	Mother’s country of residence

Shared custody: Parents are considered to have shared custody of a child if each parent’s share of custody time is 40% or more. Custody time is calculated annually. To be considered to constitute 40%, custody time must amount to at least 146 days per year.

Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i>	Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i>	Do you share custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(See definition of shared custody, above.)</i>
If Yes , give the number of days you have custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	If Yes , give the number of days you have custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	If Yes , give the number of days you have custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).	If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).	If applicable, indicate the document granting you custody of this child (judgment, mediation agreement, etc.).

Do all of your dependent children live at your address? Yes No If **No**, give the the name and address of each dependent child who does not live with you and the reason why.

Section 6 – Income and assets of dependent children (income and assets held in and outside Canada)

Do your dependent children receive income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , indicate the source(s) of this income.	Net amount	per week	two weeks	month	Currency
			per <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			per <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			per <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do your dependent children have bank or caisse accounts, motor vehicles, movable or immovable property, etc.?	If Yes , give the account numbers or describe the property	Amount or value		Currency		
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Section 7 – Additional information about the applicant’s and spouse’s dependent children with legal status in Canada

If you have more than three dependent children, use this section to provide the same information as requested above for the other children.

**THE APPLICANT MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Examples of currencies
 • Canadian dollar • euro
 • U.S. dollar • peso

Section 8 – Income (*income earned in and outside Canada*)

Net earnings are calculated by deducting provincial and federal income tax, employment insurance premiums, Québec Parental Insurance Plan premiums, contributions to the Québec Pension Plan or other compulsory pension plan and union dues from gross earnings.

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net earnings	per	week	two weeks	month	Currency
• work income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• gratuities (tips)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Type of work					
• income from home childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		If Yes, care is provided <input type="checkbox"/> in your home <input type="checkbox"/> outside your home					

Income from government agencies (*in and outside Canada*)

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	per	week	two weeks	month	Currency
income from government agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Name of the agency					

Other income (*in and outside Canada*)

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of roomers or boarders	Amount	per	week	two weeks	month	Currency
• income from roomers or boarders?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Roomers' or boarders' names						
• support payments in money or other form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		If in other form, specify						
• financial help from a member of your family or anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Person's name						
		How are you related to this person?						
• rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• income from investments, bonds or a trust (interest or dividends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Specify the source						
• income from a pension plan (personal or former employer's plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Specify the source						
• other income, earnings or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Specify the source						
Do you expect to receive			Amount		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
other income, earnings or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Specify the source						

Section 9 – Property and liquid assets (*held in and outside Canada*)

Did you have money when you arrived in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Currency
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Do you have

• cash on hand, uncashed cheques or prepaid credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Amount	Currency	
• accounts at financial institutions (bank, caisse, etc.), including inactive and joint accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of financial institution	Account number	Balance	Currency

NOTE: The amounts declared must correspond to the account balances on the day of the application.

• outstanding (uncashed) cheques or have you authorized automatic payments from your account for housing costs (e.g. mortgage, rent, electricity, heating or other form of energy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of payment	Scheduled payment date	Amount	Currency
			Year Month Day		

**THE APPLICANT MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Examples of currencies
 • Canadian dollar • euro
 • U.S. dollar • peso

Section 9 (cont.) – Property and liquid assets (held in and outside Canada)

Do you have

• one or more safety deposit boxes? Yes No

Name and address of financial institution

Value

Currency

• investments (bonds, term deposits, shares, etc.)? Yes No

Type of investment

Do you have/Have you

• vehicles (automobile, motorcycle, truck, etc.) other than vehicles adapted for persons with disabilities? Yes No

If Yes, own lease
 in Canada in another country (specify)

Type of vehicle

Market value

Currency

Make

Year

Registration no.

Monthly payment

Currency

• a vehicle adapted for persons with disabilities? Yes No

Type of vehicle, make, year

Monthly payment

Market value

Currency

• immovable property (house, mobile home, cottage, land, etc.)? Yes No

Description

Outstanding mortgage or loan

Monthly payment

Standardized assessment
(Contact your municipality if necessary)

Currency

1-
2-
3-

Address of each property

Acquisition date

Started living there in

1-
2-
3-

• movable property other than furniture (boat, trailer, coin or stamp collection, valuables, etc.)? Yes No

Description

Market value

Currency

• a business (owner or shareholder)? Yes No

If Yes, indicate the type of business and your percentage of ownership, if applicable:

Sole-ownership business Partnership _____ % Incorporated company (Inc.) _____ %

Name and address of the business

• sold or transferred property or liquid assets during the past 24 months? Yes No

Description

Date of transfer or sale

Value

Currency

• life insurance? Yes No

If Yes, does it include equity securities (e.g. dividends, capitalization funds)? Yes No

Name of company

Section 10 – Debts and amounts owing (in and outside Canada)

Are amounts owed to you? Yes No

Description

Amount

Currency

Do you have debts other than mortgages? Yes No

Description

Amount

Monthly payment

Currency

Power of attorney

Have you assigned power of attorney to another person by virtue of which he or she can dispose of property and liquid assets that you own outside Canada? Yes No

Person's name

Address

Section 11 – Additional information

Please use this section to provide any additional information concerning your status as a refugee protection claimant, income, property and liquid assets.

Blank space for providing additional information.

**THE APPLICANT MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Section 12 – Specific information

Do you have a driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What languages do you know?	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____
Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years of studies have you successfully completed?	_____ years Field of studies _____ <small>Year Month</small>
End of studies	_____ Country that issued your diploma _____
Does your state of health allow you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain _____
Do you have a physical, intellectual or mental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____
If you are pregnant, indicate the expected delivery date	_____ _____ _____ <small>Year Month Day</small>

Section 13 – Work experience

Indicate your work experience, starting with your most recent job.

Job 1:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

Job 2:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

Job 3:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

Job 4:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

Job 5:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

Job 6:	Name of business _____																		
	Country where you held this job _____																		
	<table border="1"> <tr> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Year</small></td><td><small>Month</small></td><td><small>Day</small></td><td></td> <td><small>Hours per week</small></td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td><td>_____</td><td>_____</td><td></td> <td>_____</td> </tr> </table>	<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>	_____	_____	_____		_____	_____	_____		_____
<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Year</small>	<small>Month</small>	<small>Day</small>		<small>Hours per week</small>											
_____	_____	_____		_____	_____	_____		_____											
	Period from _____ to _____																		
	Job title _____																		
	Main job duties _____																		

**THE SPOUSE MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Examples of currencies
 • Canadian dollar • euro
 • U.S. dollar • peso

Section 17 – Income (income earned in and outside Canada)

Net earnings are calculated by deducting provincial and federal income tax, employment insurance premiums, Québec Parental Insurance Plan premiums, contributions to the Québec Pension Plan or other compulsory pension plan and union dues from gross earnings.

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net earnings	per	week	two weeks	month	Currency
• work income?		Amount					
• gratuities (tips)?		Amount					
• income from self-employment?		Amount					
		Type of work					
• income from home childcare?		Amount					
		If Yes, care is provided <input type="checkbox"/> in your home <input type="checkbox"/> outside your home					

Income from government agencies (in and outside Canada)

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	per	week	two weeks	month	Currency
income from government agencies?							
		Name of the agency					

Other income (in and outside Canada)

Do you receive

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of roomers or boarders	Amount	per	week	two weeks	month	Currency
• income from roomers or boarders?								
		Roomers' or boarders' names						
• support payments in money or other form?		If in other form, specify	Amount	per	week	two weeks	month	Currency
• financial help from a member of your family or anyone else?		Person's name	Amount	per	week	two weeks	month	Currency
		How are you related to this person?						
• rental income?			Amount	per	week	two weeks	month	Currency
• income from investments, bonds or a trust (interest or dividends)?		Specify the source	Amount	per	week	two weeks	month	Currency
• income from a pension plan (personal or former employer's plan)?		Specify the source	Amount	per	week	two weeks	month	Currency
• other income, earnings or benefits?		Specify the source	Amount	per	week	two weeks	month	Currency
Do you expect to receive			Amount	per	week	two weeks	month	Currency
other income, earnings or benefits?		Specify the source						

Section 18 – Property and liquid assets (held in and outside Canada)

Did you have money when you arrived in Canada? Yes No

Amount	Currency

Do you have

• cash on hand, uncashed cheques or prepaid credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Amount	Currency	
• accounts at financial institutions (bank, caisse, etc.), including inactive and joint accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of financial institution	Account number	Balance	Currency

NOTE: The amounts declared must correspond to the account balances on the day of the application.

• outstanding (uncashed) cheques or have you authorized automatic payments from your account for housing costs (e.g. mortgage, rent, electricity, heating or other form of energy)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of payment	Scheduled payment date	Amount	Currency
		Year Month Day		

**THE SPOUSE MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Examples of currencies
 • Canadian dollar • euro
 • U.S. dollar • peso

Section 18 (cont.) – Property and liquid assets (held in and outside Canada)

Do you have

• one or more safety deposit boxes? Yes No
 Name and address of financial institution: _____ Value: _____ Currency: _____

• investments (bonds, term deposits, shares, etc.)? Yes No
 Type of investment: _____ Value: _____ Currency: _____

Do you have/Have you

• vehicles (automobile, motorcycle, truck, etc.) other than vehicles adapted for persons with disabilities? Yes No
 If Yes, own lease
 in Canada in another country (specify) _____
 Type of vehicle: _____ Market value: _____ Currency: _____
 Make: _____ Year: _____ Registration no.: _____ Monthly payment: _____ Currency: _____

• a vehicle adapted for persons with disabilities? Yes No
 Type of vehicle, make, year: _____
 own lease
 Monthly payment: _____ Market value: _____ Currency: _____

• immovable property (house, mobile home, cottage, land, etc.)? Yes No

Description	Outstanding mortgage or loan	Monthly payment	Standardized assessment (Contact your municipality if necessary)		Currency
			Year	Month	
1-					
2-					
3-					

Address of each property: _____ Acquisition date: _____ Started living there in: _____

• movable property other than furniture (boat, trailer, coin or stamp collection, valuables, etc.)? Yes No

Description	Market value	Currency

• a business (owner or shareholder)? Yes No
 Name and address of the business: _____
 If Yes, indicate the type of business and your percentage of ownership, if applicable:
 Sole-ownership business Partnership _____ % Incorporated company (Inc.) _____ %

• sold or transferred property or liquid assets during the past 24 months? Yes No

Description	Date of transfer or sale			Value	Currency
	Year	Month	Day		

• life insurance? Yes No
 Name of company: _____
 If Yes, does it include equity securities (e.g. dividends, capitalization funds)? Yes No

Section 19 – Debts and amounts owing (in and outside Canada)

Are amounts owed to you? Yes No

Description	Amount	Currency

Do you have debts other than mortgages? Yes No

Description	Amount	Monthly payment	Currency

Power of attorney

Have you assigned power of attorney to another person by virtue of which he or she can dispose of property and liquid assets that you own outside Canada? Yes No

Person's name: _____
 Address: _____

Section 20 – Additional information

Please use this section to provide any additional information concerning your status as a refugee protection claimant, income, property and liquid assets.

**THE SPOUSE MUST ANSWER
ALL OF THE QUESTIONS ON THIS PAGE.**

Section 21 – Specific information

Do you have a driver's licence? Yes No

What languages do you know? French English Other (specify) _____

Are you currently attending school? Yes No

How many years of studies have you successfully completed? _____ years Field of studies _____
Year Month
 End of studies _____ Country that issued your diploma _____

Does your state of health allow you to work? Yes No If No, explain _____

Do you have a physical, intellectual or mental disability? Yes No If Yes, explain _____

If you are pregnant, indicate the expected delivery date
Year Month Day

Section 22 – Work experience

Indicate your work experience, starting with your most recent job.

Job 1: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

Job 2: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

Job 3: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

Job 4: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

Job 5: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

Job 6: Name of business _____
 Country where you held this job _____
Year Month Day _____ Year Month Day _____ Hours per week _____
 Period from _____ to _____
 Job title _____
 Main job duties _____

