

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

| Section 1 – Reason for the application (Indicate your reason for applying for benefits)  |  | Date de réception |       |     |
|--|--|-------------------|-------|-----|
| <input type="checkbox"/> Loss of employment but not eligible for employment insurance  | Employment end date                      | Year              | Month | Day |
| <input type="checkbox"/> Loss of employment and waiting to receive employment insurance or Québec Parental Insurance Plan benefits | Employment end date                      |                   |       |     |
| <input type="checkbox"/> End of employment insurance or Québec Parental Insurance Plan benefits                                    | Benefits end date                        |                   |       |     |
| <input type="checkbox"/> To supplement other income  | <input type="checkbox"/> Other (specify) |                   |       |     |

| Section 2 – Identification  |                | Applicant      | Spouse |
|---|----------------|----------------|--------|
| File number (CP-12)   |                |                |        |
| Last name and first name as shown on birth certificate or immigration document. | Last name      | Last name      |        |
|   | First name     | First name     |        |
| Date of birth   | Year Month Day | Year Month Day |        |

| Section 3 – Income, property and liquid assets   |  | If yes, specify:         |                          |                          | Net salary is determined by subtracting income tax (federal and provincial), employment insurance premiums, Québec Parental Insurance Plan premiums, contributions to the Québec Pension Plan and to any other compulsory retirement plan and union dues from gross salary. |                |                        |                          |                          |     |
|--|--|--------------------------|--------------------------|--------------------------|---|----------------|------------------------|--------------------------|--------------------------|-----|
| <b>Do you (and your spouse or dependent children, if any) have or receive:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Applicant                | Spouse                   | Children                 | Source  | Net salary     | Week                   | 2 weeks                  | Month                    |     |
| • employment income?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | \$             | per                    | <input type="checkbox"/> | <input type="checkbox"/> |     |
| • income from government agencies (e.g. SAAQ), rental income, support payments, Québec Parental Insurance Plan benefits or other income?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | \$             | per                    | <input type="checkbox"/> | <input type="checkbox"/> |     |
| • movable or immovable assets (motor vehicle, residence, cottage, etc.)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Description   | Value          |                        |                          |                          |     |
| • active or inactive accounts at a bank, caisse or other financial institution? (include any joint accounts)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Name and address of financial institution   | Account number | Amount (balance)       |                          |                          |     |
| <i>The amounts declared must correspond to the account balances on the day of the application.</i>   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                | \$                     |                          |                          |     |
| • cash on hand, uncashed cheques or prepaid credit cards?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Description   | Amount         |                        |                          |                          |     |
| • 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of payment   | Amount         | Scheduled payment date | Year                     | Month                    | Day |
| • bonds, shares, a registered retirement saving plan (RRSP), a registered education savings plan (RESP), term deposits or other investments?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Description   | Value          |                        |                          |                          |     |

**Section 4 – Payment method – Direct deposit**

If you previously signed up for direct deposit, do you wish to reactivate this choice?  Yes  No If Yes, account number \_\_\_\_\_

If you wish to sign up for direct deposit or to change your direct deposit information, please provide a blank personal cheque, marked "VOID", for the account where the amounts are to be deposited. If you do not have cheques, please submit a document from your financial institution containing the same information.

**Section 5 – Other changes**

Since the date on which you returned to work or began to receive an employment-assistance allowance, have there been any changes in your situation or, if applicable, your spouse's situation (arrival or departure of a spouse, increase or decrease in the number of your dependent children, move, return to school, state of health, etc.)?  Yes  No

If Yes, please provide full information about the change or changes on the following lines.

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To obtain financial assistance, you must provide any documents and information required to verify your eligibility and determine the amount that could be payable to you. Failure to provide documents or information may lead to the refusal of your application.

Information concerning you may be verified without your consent with various public and private agencies in order to ascertain your eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

The Ministère du Travail, de l'Emploi et de la Solidarité sociale requires the personal information that it gathers in order to fulfil its responsibilities. The information is treated as confidential and the Ministère provides it only to its employees and representatives for the purposes of the study of your application.

You are entitled to be informed about the information concerning you held by the Ministère, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

**Section 6 – Solemn affirmation**

- I agree to provide any documents and information required to verify my eligibility and determine the amount of financial assistance that could be payable to me.
- I solemnly affirm that the information provided on this application form is accurate and complete.
- I agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of spouse (if applicable) \_\_\_\_\_