

1 INFORMATION REGARDING APPLICANT

Last and first names

Social insurance number

2 INFORMATION REGARDING PARENTS

Are your parents deceased? Yes, one parent is deceased
 Yes, both parents are deceased No

If yes, attach death certificate(s).

If both your parents are deceased, go directly to section 7.

Check the box corresponding to the parent(s)' situation.

Live together

Live separately

Only one parent

Widowed

3 DEPENDENT CHILDREN

Have you ever had a dependent child? Yes No If yes, attach birth certificate and go directly to section 7.

4 SITUATION

Explain your situation (full-time studies, means of subsistence) since age 16, by filling out the section below. Fill in the appropriate box for each period.

Full-time studies				Means of subsistence: <small>full-time work employment insurance benefits, SAAQ, CNESST, Retraite Québec, etc. youth allowance under the Youth Alternative Program</small>							
Period				Place of residence		Period				Place of residence	
From		to		With one or both of my parents	Other	From		to		With one or both of my parents	Other
Year	Month	Year	Month			Year	Month	Year	Month		

I M P O R T A N T

- Attach the following supporting documents :
- a record of employment for each period of employment
 - proof that you received benefits from employment insurance, SAAQ, CNESST, Retraite Québec, etc.
 - proof of residence (e.g. lease) for each period during which you lived elsewhere than with one or both of your parents
 - a transcript or report card for the last period during which you were a full-time student

5 ADDITIONAL INFORMATION

Include any information you consider important and that could help us in assessing the parental contribution (e.g. parents receiving benefits under the Social Assistance Program or Social Solidarity Program, missing parents, refusal by your parents to provide for your needs, parental violence).

6 AUTHORIZATION

Where it established that I am subject to the parental contribution, I hereby authorize the Ministère du Travail, de l'Emploi et de la Solidarité sociale to contact my parents whenever the Department has not received the necessary information from them within the prescribed time limit.

I understand that the information obtained will only concern the family and financial situation of my parents and will serve to determine the parental contribution.

The authorization is valid for the period of time necessary to determine the amount of the parental contribution.

1 st parent		2 nd parent	
Last and first names		Last and first names	
Date of birth		Date of birth	
Home address		Home address	
Telephone: Home Work		Telephone: Home Work	

7 SOLEMN AFFIRMATION

I solemnly affirm that the information provided in this form is accurate and complete.

Date _____

Signature of applicant _____

