

(Nom et adresse du destinataire)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>File number (CP-12):</b>	
Local employment centre or Services Québec office	
Name of officer	
Telephone	Extension


In order for us to update your file with regards to your housing costs and in the absence of a lease, we would ask that you provide proof of residence. For that purpose, you may use the detachable portion of this form. **Have the landlord or lessor** (the person who rents the housing) **fill in this portion**, and return it to us as soon as possible.

Please note that any other document signed by the property owner or landlord and containing the same information is also acceptable. Also, **before returning the detachable portion of this form or other proof of residence, please write your file number on the upper part of the document.**

Ministère du Travail, de l'Emploi et de la Solidarité sociale Date \_\_\_\_\_ Agent's signature \_\_\_\_\_

▼ Detach here ▼

**Québec**  **Proof of residence**

Numéro de secteur 

**Identification of the landlord or lessor (the person who rents the housing) (use block letters)**

Last and first names	_____		
Home address (number, street, apartment, municipality, province, postal code)	_____		Telephone _____

**Identification of tenant or roomer (use block letters)**

Last and first names	_____		
Home address (number, street, apartment, municipality, province, postal code)	_____		Telephone _____

**Type and cost of housing**

<input type="checkbox"/> Dwelling	Monthly cost: \$ _____	Includes heating <input type="checkbox"/> Yes <input type="checkbox"/> No	Includes electricity <input type="checkbox"/> Yes <input type="checkbox"/> No	Includes rental taxes <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Room <input type="checkbox"/> Room and board	Rent: \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> week	At the roomer's or boarder's address, indicate:		
		• the number of rented rooms: _____		
		• the number of rooms not rented but offered for rent: _____		
	Are you related to the person to whom you are renting the room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, indicate your relation to that person: _____			
Date occupation of the dwelling or the room began:		Year _____ Month _____ Day _____		