

Name and address of beneficiary or participant

Numéro de dossier	
Centre local d'emploi ou bureau de Services Québec	
Nom de l'agent	
Téléphone	Poste

Please provide the requested information about:

- Your current dwelling
 The dwelling where you will be living after the move

- If you are: Rooming or boarding with someone, complete sections 1, 4, 5 and 6.
 The owner or tenant, complete sections 2, 3, 4, 5 and 6.
 In another situation, complete sections 1, 4, 5 and 6, and specify the situation here: _____

If you are participating in the Aim for Employment Program, do not answer the questions marked with an *.

1 Room or Board

• Your situation Rent a room Rent room and board

Last name and first name of the person who is renting you the room _____ Telephone _____ Ext. _____

• Are you related to the person who is renting you the room? Yes No If yes, indicate the relation to you: _____

• Are you related to any of the other roomers or boarders? * Yes No If yes, indicated the relation to you: _____

• Are you living with your spouse? Yes No If yes: Enter your spouse's last name and first name: _____

On what date did you start living together? _____
Year Month Day

• Cost of rent: \$ _____ per month per week Includes electricity? Yes No Includes heating? Yes No

• Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? * Yes No If yes, enter the amount: \$ _____

• Does anyone else live with you in the room at this address (Other than your spouse or dependent children, if any)? Yes No

If yes, indicate: Last name and first name of the persons _____ Relation to you* _____

2 Owner or Tenant

• You are The owner A tenant A tenant in a subsidized dwelling (including low-rental housing and coops)

• Are you living with your spouse? Yes No If yes: Enter your spouse's last name and first name: _____

On what date did you start living together? _____
Year Month Day

• Are you receiving a monthly amount from Revenu Québec under the Shelter Allowance Program? * Yes No If yes, enter the amount: \$ _____

• If you are the owner, indicate the cost of: Mortgage: \$ _____ a month Municipal taxes: \$ _____ a year
 School taxes: \$ _____ a year Fire insurance: \$ _____ a year

• If you are a tenant, enter the cost of rent: \$ _____ a month Includes electricity? Yes No Includes heating? Yes No

• If you are a tenant, indicate the last name, first name and telephone number of the owner or person who is renting you the dwelling:
 _____ Telephone _____ Ext. _____

• Does anyone else live with you at this address (co-owner, co-tenant or anyone else)? Yes No

If yes, indicate: Last name and first name of the persons _____ Relation to you* _____

3 Income from room and board/Care being provided

- Do you offer rooms for rent? Yes No *If yes, indicate: Number of rooms offered for rent:.....*
Number of rooms rented:

Provide the information requested for each of the rooms:

	Number of persons in the room	Last name and first name of persons in the room	Room or Board?	Rent charged
Room 1			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month
Room 2			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month
Room 3			<input type="checkbox"/> Room <input type="checkbox"/> Board	\$ <input type="text"/> <input type="checkbox"/> a week <input type="checkbox"/> a month

	Relation to you*	Relation to persons in the room*	Relation to persons in another room*
Room 1			
Room 2			
Room 3			

Note: Use a separate sheet to provide information about additional rooms or about persons.

- Do you or does a member of your family provide constant care for health reasons to a person occupying one of these rooms?*
- Yes No *If yes, indicate: Last name and first name of person who is providing the care:....*
Last name and first name of person receiving the care:
- Do you or does a member of your family receive constant care for health reasons from a person occupying one of these rooms?*
- Yes No *If yes, indicate: Last name and first name of person who is receiving the care:....*
Last name and first name of person providing the care:.....

4 Move

- Date of actual move:
Year Month Day
- New address:

Number	Street	Apartment
City	Postal code	Area code Telephone
- Reason for move:

5 Direct deposit

- If you are using the direct deposit system to receive your monthly benefits, do you wish to continue? Yes No
- To sign up for direct deposit or change your direct deposit information, please enclose a blank personal cheque from your account, marked "VOID". If you do not have a chequing account, ask your financial institution for equivalent proof.*

6 Solemn affirmation

I solemnly affirm that the information provided on this form is accurate and complete, and agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information.

The personal information collected in this form is required by the Ministère du Travail, de l'Emploi et de la Solidarité sociale in the exercise of its functions. Access to the information is restricted to the persons who are authorized to consult it as part of their employment duties. You are entitled to be informed about the information concerning you held by the Ministère, to receive such information and to request corrections, by submitting a written request to the person in charge of access to documents and the protection of personal information.

Date

Signature of beneficiary or participant