Québec

2025-2026 Attestation Respecting Non-existent or Inadequate Public Transit

This form is to be used by students with non-existent or inadequate public transit between their parents' residence and their educational institution.

Section 1 – Student Information

Last name

Permanent code assigned by the Ministère

First name

Date of birth (Y M D)

Social insurance number

Section 2 – Student's Declaration

Further to my application for financial assistance for the 2025-2026 award year, I hereby declare that public transit between my parents' residence and my educational institution is inexistent or inadequate.

Check the appropriate box and explain.

☐ I require room and board outside my family home.
(Provide a copy of the lease or have the landlord complete Section 4 of this form.)

☐ I am living with my parents and cannot use regular public transit.

This situation is expected to last from (Y M D) to (Y M D).

Explanation:

I certify that the information provided on this form and the accompanying documents is true, accurate and complete, and that the enclosed attestations were issued by the appropriate authorities.

Signature X

Date (Y M D)

Section 3 – Attestation of the Financial Assistance Officer

To be filled out by the person in charge of financial assistance at the student's educational institution.

Name of educational institution

Code of educational institution

I certify that the person identified in Section 1

☐ requires room and board outside his or her family home because there is no adequate public transit.

☐ is living with his or her parents and cannot use regular public transit.

Signature X

Date (Y M D)

Section 4 – Attestation of the Landlord

To be filled out by the owner or manager of the building where the student is living.

Name of building owner

Telephone number
Area code

OR

Name of building manager

Telephone number
Area code

I certify that I am renting an apartment or room to the person identified in Section 1 of this form.
The address of this apartment or room is the following:

Number

Street

Direction
(North, South, East, West)

Apartment

Municipality

Municipality (cont.)

Province

Postal code

Date
Y M D

Signature **X**

Section 5 – Protection of personal information

By completing this form, you consent to Aide financière aux études collecting your personal information to process your application. Without this information, your application cannot be analyzed and you will not be able to obtain the financial assistance to which you are entitled. You can change your personal information directly in your file or by contacting us using the information listed on this form.