

**Important:** Completing and sending this form does not constitute the filing of an exceptional case application. Please refer to the document *Exceptional Case Application Guide* available on our Web site at [www.quebec.ca/en/student-financial-assistance/remedy/exceptional-cases-guide.pdf](http://www.quebec.ca/en/student-financial-assistance/remedy/exceptional-cases-guide.pdf) to find out which documents you must enclose with your application.

Last name

Permanent code assigned by the Ministère

First name

**Section 1 – Income**

Enter the amounts requested, rounded off to the nearest dollar, or enter “0” (zero), if applicable.

**A. Gross Employment Income or Net Business or Self-Employment Income**

	September 1, 2025, to December 31, 2025	January 1, 2026, to April 30, 2026	May 1, 2026, to August 31, 2026
Gross income relating to employment, an election or practicum – <i>Enter your income for each of the periods from September 1, 2025 to August 31, 2026.</i> . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement or pension benefits (Retraite Québec, CPP, public plan or private plan) . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Net business or self-employment income . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employment insurance benefits from Employment and Social Development Canada (ESDC) . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Training allowance from the Ministère de l'Emploi et de la Solidarité sociale . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Income replacement benefits from the CNESST and the SAAQ . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Benefits received under the Québec Parental Insurance Plan . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Subtotal A:</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**B. Financial Resources Other Than Employment Income**

Orphan's pension, pension for a disabled person's child, surviving spouse's pension (Retraite Québec/PPP) death, benefits in the form of a pension (SAAQ) and pension paid for a child of a crime victim (CNESST) . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Withdrawal from an RRSP or an RESP . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Support payments received . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Investment and interest income – <i>Only interest income should be entered, not capital gains income.</i> . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Social assistance benefits or social solidarity benefits from the Ministère de l'Emploi et de la Solidarité sociale . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Loans and bursaries (Aide financière aux études) . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other scholarships and bursaries (including those from another province or country) . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Perseverance and Success Scholarship for Various Programs or Québec Perspective Scholarship . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family allowance payments and Canada child benefit . . . . .	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Subtotal B:</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>TOTAL INCOME (A+B):</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

## Section 2 – Expenses

Enter the amounts requested, rounded off to the nearest dollar, or enter "0" (zero), if applicable.

	September 1, 2025, to December 31, 2025	January 1, 2026, to April 30, 2026	May 1, 2026, to August 31, 2026
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<b>EDUCATIONAL EXPENSES</b>	Tuition fees .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Books, supplies, etc. ....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Computer .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>HOUSING</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Room and board <input type="checkbox"/> Mortgage .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Taxes and insurance .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Heating and electricity .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Cable <input type="checkbox"/> Cell phone .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>FOOD</b>	Groceries, meals outside the home .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
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<b>TRANSPORTATION</b>	<input type="checkbox"/> Public transit <input type="checkbox"/> Taxi fares .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	<input type="checkbox"/> Car payments <input type="checkbox"/> Parking .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	<input type="checkbox"/> Gas <input type="checkbox"/> Repairs <input type="checkbox"/> Car insurance .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>HEALTH</b>	<input type="checkbox"/> Dentist <input type="checkbox"/> Medication <input type="checkbox"/> Optometry .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Other, specify: _____	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>OTHER EXPENSES</b>	<input type="checkbox"/> Sports (including equipment) <input type="checkbox"/> Outings .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Clothing and dry-cleaning .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

**Repayment of interest only**  
*Enter only the amount of interest paid to a line of credit or credit card, not amounts paid on the principal owed.*

- Interest on line of credit .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
- Interest sur on credit card .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
- Other interest, specify: _____	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
Other expenses, specify: _____	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>CHILD-RELATED EXPENSES</b>	Clothing .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Educational expenses .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Childcare expenses .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	<input type="checkbox"/> Sports <input type="checkbox"/> Cultural activities .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Health care, specify: _____	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Support payments paid .....	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
	Other, specify : _____	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _

<b>TOTAL EXPENSES:</b>	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _	\$	_ _ _ _ _ _ _
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<b>INCOME</b> (from September 1, 2025, to August 31, 2026) .....	\$	_ _ _ _ _ _ _	
<b>EXPENSES</b> (from September 1, 2025, to August 31, 2026) .....	\$	_ _ _ _ _ _ _	
<b>BALANCE (Income minus expenses)</b> .....	\$	_ _ _ _ _ _ _	
<b>DEBTS</b> Bank loans (excluding student loans) .....	\$	_ _ _ _ _ _ _	Do not write in this space \$ _____  \$ _____  \$ _____
Personal loans (parent, friend, etc.) .....	\$	_ _ _ _ _ _ _	

**I hereby certify that all the information and documents provided herewith are accurate and complete.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Y	M	D
_ _	_ _	_ _

Student's signature X \_\_\_\_\_

### Section 3 – 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.