Student's last name

Permanent code assigned by the Ministère

Student's first name

Spouse's last name

Permanent code assigned by the Ministère, if applicable

Spouse's 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, 2024, to December 31, 2024	January 1, 2025, to April 30, 2025	May 1, 2025, to August 31, 2025
Gross income relating to employment, an election or praticum – *Enter your income for each of the periods from September 1, 2024 to August 31, 2025*	$	$	$
Retirement or pension benefits (Retraite Québec, CPP, public plan or private plan)	$	$	$
Net business or self-employment income	$	$	$
Employment insurance benefits from Employement and Social Development Canada (ESDC)	$	$	$
Training allowance from the Ministère de l'Emploi et de la Solidarité sociale	$	$	$
Income replacement benefits from the CNESST and the SAAQ	$	$	$
Benefits received under the Québec Parental Insurance Plan	$	$	$
Subtotal A:	$	$	$

B. Financial Resources Other Than Employment Income

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

Section 2 – Expenses

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

		September 1, 2024, to December 31, 2024	January 1, 2025, to April 30, 2025	May 1, 2025, to August 31, 2025
EDUCATIONAL EXPENSES	Tuition fees	$	$	$
	Books, supplies, etc.	$	$	$
	Computer	$	$	$
HOUSING	☐ Rent ☐ Room and board ☐ Mortgage	$	$	$
	Taxes and insurance	$	$	$
	Heating and electricity	$	$	$
	☐ Telephone ☐ Internet ☐ Cable ☐ Cell phone	$	$	$
FOOD	Groceries, meals outside the home	$	$	$
TRANSPORTATION	☐ Public transit ☐ Taxi fares	$	$	$
	☐ Car payments ☐ Parking	$	$	$
	☐ Gas ☐ Repairs ☐ Car insurance	$	$	$
HEALTH	☐ Dentist ☐ Medication ☐ Optometry	$	$	$
	Other, specify:	$	$	$
OTHER EXPENSES	☐ Sports (including equipment) ☐ 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** on credit card	$	$	$
	– **Other interest**, specify:	$	$	$
	Other expenses, specify:	$	$	$
CHILD-RELATED EXPENSES	Clothing	$	$	$
	Educational expenses	$	$	$
	Childcare expenses	$	$	$
	☐ Sports ☐ Cultural activities	$	$	$
	Health care, specify:	$	$	$
	Support payments paid	$	$	$
	Other, specify:	$	$	$
	TOTAL EXPENSES:	$	$	$

			Do not write in this space
INCOME	(from September 1, 2024, to August 31, 2025)	$	
EXPENSES	(from September 1, 2024, to August 31, 2025)	$	$
BALANCE	**(Income minus expenses)**	$	
DEBTS	Bank loans (excluding student loans)	$	$
	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 ___

Spouse's signature **X** _____