

This form must be filled out by individuals applying for the Deferred Payment Plan who are unable to provide a copy of proof of income. It may be needed to process the application. **Important! Applicants are required to submit one form per relevant employer, government ministry or other body.**

Please submit this fully-executed form by uploading it right into your online file.

Réservé à l'aide financière aux études

**Section 1 – Applicant Information**

**Identity**

Last name Permanent code assigned by the Ministère  
 \_\_\_\_\_

First name Date of birth Social insurance number  
 \_\_\_\_\_ Y M D \_\_\_\_\_

Number Street Direction  
 \_\_\_\_\_ North, South, East, West

Appartement Municipality  
 \_\_\_\_\_

Municipality (cont'd.) Province Postal code Home telephone number Extension  
 \_\_\_\_\_

Country Other telephone number Extension  
 \_\_\_\_\_

Referring to the *Application for the Deferred Payment Plan* form that you filled out, write in the sequence of six consecutive months for which you need to report your actual or expected income.

Y M
Y M
Y M
Y M
Y M
Y M

1<sup>st</sup> month      2<sup>nd</sup> month      3<sup>rd</sup> month      4<sup>th</sup> month      5<sup>th</sup> month      6<sup>th</sup> month

**Applicant's authorization**

I authorize the employer, government ministry or other body mentioned in Section 2 and/or the individual, representative or other person mentioned as agent in Section 3 to provide the requested information to Aide financière aux études.

Signature Date  
 \_\_\_\_\_ Y M D

*Aide financière aux études reserves the right to verify the information that you or the government ministry or other body reports.*

**Section 2 – Employer, Ministry or Organisation information**

This section must be filled out by an authorized representative of the applicant's employer if employment income is reported or, if benefits paid by a government ministry or other body are reported, by an agent of the government ministry or body (ministère du Travail, de l'Emploi et de la Solidarité sociale, Service Canada, Commission des normes, de l'équité, de la santé et de la sécurité du travail, SAAQ, ministère de l'Immigration, de la Francisation et de l'Intégration, Retraite Québec or Employment and Social Development Canada), or by any other person able to attest to the applicant's financial situation for the period of time during which income must be reported for the purposes of this application.

**Employer, government ministry or other body information**

Name of employer, government ministry or other body  
 \_\_\_\_\_

Number Street Direction  
 \_\_\_\_\_ North, South, East, West

Office Municipality  
 \_\_\_\_\_

Municipality (cont'd.) Province Postal code Telephone number Extension  
 \_\_\_\_\_

Country Other telephone number Extension  
 \_\_\_\_\_

### Section 3 – Confirmation of Income

#### 3A – Employer confirmation

This section is to be filled out by an authorized representative of the applicant's employer with respect to the time frame for which applicant is required to report income as part of his or her application to the Plan.

##### Employee information

Please provide all requested information.

Y  M  D

Date when employment commenced

Y  M  D

Date when employment ceased (if applicable)

Y  M  D

Date of most recent salary payment

Employer should refer to Section 1 and enter the amount of gross income (before deductions) covering only the months that are now complete. Round off to the nearest dollar.

\$

1<sup>st</sup> month

\$

2<sup>nd</sup> month

\$

3<sup>rd</sup> month

\$

4<sup>th</sup> month

\$

5<sup>th</sup> month

\$

6<sup>th</sup> month

##### Signature of authorized person

First and last name

Signatory information

Signature

Date

Y  M  D

#### 3B – Confirmation by government ministry or other body

This section is to be filled out by an agent of the appropriate government ministry or other body or by any other individual able to attest to the applicant's financial situation during the time frame for which income must be reported for the purposes of the application to the Plan.

##### Beneficiary information

Please provide all requested information.

Y  M  D

Date when benefits commenced

Y  M  D

Date when benefits ceased (if applicable)

Y  M  D

Date of most recent benefit payment

Type of benefit

File number

The government ministry or body should refer to Section 1 and write in the amount of gross income (before deductions) covering only the months that are now complete. Round off to the nearest dollar.

\$

1<sup>st</sup> month

\$

2<sup>nd</sup> month

\$

3<sup>rd</sup> month

\$

4<sup>th</sup> month

\$

5<sup>th</sup> month

\$

6<sup>th</sup> month

##### Signature of authorized agent

First and last name

Signatory information

Signature

Date

Y  M  D



Official stamp required