

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 Quebec.ca/student-financial-assistance 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, 2022, to December 31, 2022	January 1, 2023, to April 30, 2023	May 1, 2023, to August 31, 2023
Gross income relating to employment, an election or practicum – <i>Enter your income for each of the periods from September 1, 2022 to August 31, 2023.</i>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Retirement or pension benefits (Retraite Québec, CPP, public plan or private plan)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Net business or self-employment income	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Employment insurance benefits from Employment and Social Development Canada (ESDC) – <i>Enter the Canada Recovery Benefit (CRB), the Canada Recovery Caregiving Benefit (CRCB), the Canada Recovery Sickness Benefit (CRSB) or Canada Worker Lockdown Benefit (CWLB).</i>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Emploi-Québec training allowance	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Income replacement benefits from the CNESST and the SAAQ	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Benefits received under the Québec Parental Insurance Plan	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Subtotal A:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" 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 style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Withdrawal from an RRSP or an RESP	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Support payments received	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Investment and interest income – <i>Only interest income should be entered, not capital gains income</i>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Social assistance benefits or social solidarity benefits from the Ministère du Travail de l'Emploi et de la Solidarité sociale	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Loans and bursaries (Aide financière aux études)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Other scholarships and bursaries (including those from another province or country)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Scholarships received from the Intern Perseverance and Success Scholarship Program	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Family allowance payments and child tax benefits	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Subtotal B:	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
TOTAL INCOME (A+B):	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Section 2 – Expenses

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

September 1, 2022, to December 31, 2022 January 1, 2023, to April 30, 2023 May 1, 2023, to August 31, 2023

EDUCATIONAL EXPENSES	Tuition fees	\$	_____	\$	_____	\$	_____
	Books, supplies, etc.....	\$	_____	\$	_____	\$	_____
	Computer	\$	_____	\$	_____	\$	_____

HOUSING	<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.....	\$	_____	\$	_____	\$	_____

FOOD	Groceries, meals outside the home.....	\$	_____	\$	_____	\$	_____
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TRANSPORTATION	<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.....	\$	_____	\$	_____	\$	_____

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

OTHER EXPENSES	<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: _____	\$	_____	\$	_____	\$	_____

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

TOTAL EXPENSES: \$ _____

INCOME (from September 1, 2022, to August 31, 2023).....	\$	_____
EXPENSES (from September 1, 2022, to August 31, 2023).....	\$	_____
BALANCE (Income minus expenses)	\$	_____
DEBTS Bank loans (excluding student loans)	\$	_____
Personal loans (parent, friend, etc.)	\$	_____

Do not write in this space
\$ _____
\$ _____
\$ _____
\$ _____

I hereby certify that all the information and documents provided herewith are accurate and complete.
Student's signature X _____

Date Y M D

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