

Use this form to declare the family status of a student whose situation is one of the four described in Section 2, or to report a change to a previously declared status.

This form does not apply to children who live with both their biological or adoptive parents.

Only children from the same union may be declared on the same form. Use separate forms for children from different unions.

For the purposes of Aide financière aux études programs, a child is considered to be your dependent if you have physical custody at least 25% of the time.

Aide financière aux études must be informed as soon as there is a change in your family status during the year.

Section 1 – Student Information

Last name

Permanent code assigned by the Ministère

First name

Section 2 - Family Status Declaration

Choose one of the boxes that correspond to your situation and provide the requested information.

A. End of marital relationship (without prior marriage or civil union)

I ceased living with a spouse where no marriage or civil union existed between us.

Since:

Y		M		D	

Last and first names of your former spouse: _____

I have at least one dependent child. Since: _____

I no longer have a dependent child..... Since: _____

B. De facto separation (after a marriage or civil union)

I entered into a marriage or civil union with: On: _____

Last and first names of your former spouse: _____

We are de facto separated and no longer live together..... Since: _____

I have at least one dependent child. Since: _____

I no longer have a dependent child. Since: _____

I ne ver had a dependent child.

C. Single with a dependent child, not living maritally

I am single and have had a dependent child since: _____ and have never lived maritally with the other biological or adoptive parent.

D. With a dependent child

I live with a spouse and have a dependent child (mine or my spouse's). Since: _____

I am the parent.

or

My spouse is the parent.

Last and first names of my spouse: _____

My spouse's signature X _____

Remember that the signature of the other parent is required in Section 5.

Section 3 – Support Paid to the Student

Do you receive support payments for yourself and/or your child or children?

Yes No If you checked "Yes," provide the following information or attach a copy of the support agreement.

Support paid for:	Student	Student's child or children
Date of first payment		
Monthly payment amount		

Section 4 – Dependent Children

Fill out this section if you have at least one dependent child for the period running from July 1, 2023, to August 31, 2024.

1. Last and first names of the child _____ Date of birth
Y M D

Please state the number of days per month when you have custody.

July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024

2. Last and first names of the child _____ Date of birth
Y M D

Please state the number of days per month when you have custody.

July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024

3. Last and first names of the child _____ Date of birth
Y M D

Please state the number of days per month when you have custody.

July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024

If needed, use a separate information sheet for a 4th child.

Section 5 - Confirmation by Other Biological or Adoptive Parent

The signature of the dependent child's other biological or adoptive parent is mandatory in the following situations:

- Shared custody when no court-ordered decree exists.
- Whenever there is a change to the custody agreement

I _____, certify that the information provided above is accurate and complete.
Last and first names of the other biological or adoptive parent

Date
Y M D

Signature X _____

Section 6 – Student's Declaration and Signatures

I certify that the information provided is accurate and complete.

Date
Y M D

Signature X _____
Student's Signature

_____ Place

_____ Last and first names of the Commissioner for Oaths (Please print)

Date
Y M D

Signature X _____
Signature of the Commissioner for Oaths

_____ Place

_____ Number