

Reserved for Aide financière aux études

This form is to be completed by the borrower who submits an application under the Deferred Payment Plan.

Section 1 Borrower's Information

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) _____

Apartment _____ Municipality _____

Municipality (cont.) _____ Province _____ Postal code _____ Telephone number (home) _____
Area code

Country _____ Other telephone number _____
Area code Extension

Check the statement that applies to you during the period for which you are submitting an application.

- I was or am gainfully employed (salary, commission). Complete Section 2 and have Section 3 completed.
- I was or am receiving employment assistance (welfare) benefits. Complete Section 2 and have Section 4 completed.
- I was or am receiving employment insurance benefits. Complete Section 2 and have Section 4 completed.
- I was or am receiving income replacement benefits (CSST, SAAQ or MRCI). Complete Section 2 and have Section 4 completed.
- I was or am receiving benefits or retirement or disability pension benefits (RRQ, CPP). Complete Section 2 and have Section 4 completed.

Section 2 Borrower's Authorization

I hereby authorize the employer named in Section 3 or the officer named in Section 4 or any other person concerned, who is named in Section 4, to disclose the information requested below to Aide financière aux études, a branch of the Ministère de l'Éducation, du Loisir et du Sport.

Signature X _____ Date _____
Y M D

Section 3 Employer's Statement

Have this section completed by whoever was or is your employer during the period for which you are submitting an application or provide a copy of a paycheque stub or pay slip from this period.

Taking into account the period for which the application is made (see Section 1), please provide the information requested.

Period of employment: from _____ to _____ Gross earnings: \$ _____ /hour or \$ _____ /week.
Y M D Y M D

- The borrower worked or works on commission.
- The borrower was or is a full-time employee and works _____ hours per week.
- The borrower was or is a part-time employee and works an average of _____ hours per week.

Section 3 Employer's Statement (Cont.)

Permanent code 2032 (2 of 2)

Have this section completed by whoever was or is your employer during the period for which you are submitting an application or provide a copy of a paycheque stub or pay slip from this period.

Employer's name

Number _____ Street _____ Direction (North, South, East, West) _____

Office _____ Municipality _____

Municipality (cont.) _____ Province _____ Postal code _____

Country _____ Telephone number Area code _____ Extension _____

Employer's signature _____ Date Y M D _____

X

Section 4 Officer's Statement

Have this section completed by an officer of the Ministère de l'Emploi, de la Solidarité sociale et de la Famille, Canada Employment Centre, CSST, SAAQ or MRCI, or any other person who can confirm your situation for the period during which you wish to benefit from the Deferred Payment Plan.

Name of organization

Number _____ Street _____ Direction (North, South, East, West) _____

Office _____ Municipality _____

Municipality (cont.) _____ Province _____ Postal code _____

Country _____ Telephone number Area code _____ Extension _____

Officer's name

Please provide the information requested.

Date of first payment Y M D _____ Date of most recent payment Y M D _____ Date of last payment Y M D _____

Employment assistance _____ **Employment insurance** _____

File number _____ Gross amount paid/month _____ File number _____ Gross amount paid/week _____

Other (CSST, SAAQ, etc.) _____

File number _____ Gross amount paid _____ /week /month

Officer's signature _____ Date Y M D _____

X

