# Canada Revenue

# Canada Child Benefits Application

Complete this form to apply for all child benefit programs. The information you give on this form will be used for all programs, unless you indicate otherwise on a note attached to your application.

For information about our programs, see pamphlet T4114, Canada Child Benefits, pamphlet RC4210, GST/HST Credit, visit our Web site at www.cra.qc.ca/benefits, or call us at 1-800-387-1193.

# How to apply?

Complete this form and send it, along with any other required documents, to one of our tax offices listed on page 2 of this information sheet.

Complete and submit your application as soon as possible after the child is born or begins to live with you, or when you become a resident of Canada for income tax purposes.

# Part 1 – Information about the applicant

#### Who should complete Part 1?

For Canada Child Tax Benefit (CCTB) purposes, there is a presumption that when both a male and a female parent live in the same home as the child, the female parent is considered to be primarily responsible (see the definition on page 2 of this information sheet) for the child and should apply. However, if the male parent is primarily responsible, he can apply if a signed note from the female parent is attached to the application which states that the male parent is primarily responsible for the child(ren).

The person who is primarily responsible for the care and upbringing of the child(ren) should complete Part 1.

## Does your application include a period that started more than 11 months ago?

You must attach photocopies of proof of your and your spouse or common-law partner's citizenship status (e.g., Canadian birth certificate) and/or immigration status in Canada for the period that started more than 11 months ago. The photocopies must be legible and include both sides of all pages of your documents.

#### What is your current marital status?

Check "Married" if you have a spouse, or "Living common-law" if you have a common-law partner. If you have been separated for less than 90 days, you are still considered to be married or living common-law. For more information, see the definitions on page 2 of this information sheet.

# Part 2 – Information about your spouse or common-law partner

Complete Part 2 of the application only if you checked box 1 or 2 in Part 1.

# Part 3 – Information about the child(ren)

Complete this part to provide information about the child(ren).

Do not provide information about a child for whom you have already applied, or for whom you receive benefits.

#### Note

If a child left your care and has now returned to your care, you have to provide information about that child again.

### When do you need to provide proof of birth?

You need to attach proof of birth for the child if we have not previously paid benefits to anyone for this child, and any of the following applies:

- the child was born outside Canada; or
- the child was born in Canada and is one year of age or older.

Attach legible photocopies of all sides of all pages of one of the following documents for proof of birth:

- baptismal or cradle roll certificate or other church record;
- birth certificate or birth registration;
- hospital record of birth or record of the physician, nurse, or midwife who attended the birth:
- passport;
- Record of Landing or Confirmation of Permanent Residence issued by Citizenship and Immigration Canada;
- citizenship certificate; or
- Notice of Decision or a Temporary Resident's Permit issued under the Immigration and Refugee Protection Act.

# Shared Eligibility

There are situations where a child may reside with two different individuals on a more or less equal basis, and both of these individuals share equally in the child's care and upbringing. If this situation applies to you, attach a note to your application that clearly states your parenting arrangement. For more information, visit our Web site at www.cra.gc.ca/benefits, or call us at 1-800-387-1193.

# Part 4 - Change of recipient

Complete this part if the child(ren) had been living with another individual or maintained by an agency.

## Part 5 - Certification

You have to sign and complete this part. If you completed Part 2, your spouse or common-law partner also has to sign and complete this part.

#### Additional information

#### **Direct deposit**



You can have your payments deposited directly into your account at a financial institution in Canada. To get this service, the **applicant** must complete and attach Form T1-DD(1), *Direct Deposit Request - Individuals*, to his or her application.

## Service standards for processing applications

We will issue a payment, notice, or explanation to you within 80 calendar days.

#### Benefits online calculator

You can use our online calculator to get an estimate of your child benefits by visiting our Web site at **www.cra.gc.ca/benefits-calculator**.

#### **Definitions** -

## Common-law partner

This applies to a person who is **not your spouse**, with whom you are living in a conjugal relationship, **and** to whom at least **one** of the following situations applies. He or she:

- a) has been living with you in a conjugal relationship for at least 12 continuous months;
- b) is the parent of your child by birth or adoption; or
- c) has custody and control of your child (or had custody and control immediately before the child turned 19 years of age) and your child is wholly dependent on that person for support.

In addition, an individual immediately becomes your common-law partner if you previously lived together in a conjugal relationship for at least 12 continuous months and you have resumed living together in such a relationship. **Under proposed changes**, this condition will no longer exist. The effect of this proposed change is that a person (other than a person described in b) or c) above) will be your common-law partner only after your current relationship with that person has lasted at least 12 continuous months. This proposed change will apply to 2001 and later years.

Reference to "12 continuous months" in this definition includes any period that you were separated for less than 90 days because of a breakdown in the relationship.

## Primarily responsible

Primarily responsible for the care and upbringing of a child means that you are responsible for such things as supervising the child's daily activities and needs, making sure the child's medical needs are met, and arranging for child care when necessary. If there is a female parent who lives with the child, we usually consider her to be this person. However, it could be the father, a grandparent, or a guardian.

#### Separated

You are separated when you start living separate and apart from your spouse or common-law partner because of a breakdown in the relationship and this separation lasts for at **least 90 days** during which time you have not reconciled.

**Note**: Once you have been separated for 90 days (due to a breakdown in the relationship), the effective day of your separated status is the day you started living separate and apart.

### **Spouse**

This applies only to a person to whom you are legally married.

### Tax office addresses -

Send us your completed Form RC66, *Canada Child Benefits Application*, and any required documents in the envelope included with your package. If you do not have the preprinted envelope, send the information to one of the following addresses:

PO Box 1900 Stn LCD Jonquière QC G7S 5J1

Jonquière Tax Centre

PO Box 3000 Stn Main Shawinigan-Sud QC G9N 7S6

Shawinigan-Sud Tax Centre

St. John's Tax Centre PO Box 12071 Stn A St. John's NL A1B 3Z1 Sudbury Tax Services Office PO Box 20000 Stn A

Sudbury ON P3A 5C1

Summerside Tax Centre 102-275 Pope Road Summerside PE C1N 5Z7 Surrey Tax Centre 9755 King George Highway Surrey BC V3T 5E1 Winnipeg Tax Centre PO Box 14005 Stn Main Winnipeg MB R3C 0E3

## Checklist -

We want to process your Form RC66, Canada Child Benefits Application, as soon as we can. Be sure to do the following:

Complete all of the Parts of the application that apply to you and your spouse or common-law partner.

Complete schedule RC66SCH, Status in Canada/Statement of Income, if it applies to you or to your spouse or common-law partner and attach it with your application.

Attach legible photocopies of all required documents (such as immigration documents and proof of birth).

Sign and date the application form. If you are married or living common-law, your spouse or common-law partner also needs to sign the form.

# **CANADA CHILD BENEFITS APPLICATION**

To apply for all child benefit programs, complete this application and send it, along with any other required documents, to one of our tax offices listed on the attached information sheet.

Complete the parts that apply to you (please print).

| Do not use this area |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |

| - Part 1 - Information about the applica  | nt —                                  |                         |  |  |  |  |
|---|---------------------------------------|-------------------------|--|--|--|--|
| Tart I – illioilliation about the applica   |                                       |                         |  |  |  |  |
| When both a male and female parent reside in the same home, we usually consider the female parent to be the applicant.  |                                       |                         |  |  |  |  |
| First name and initial Last name  |                                       | Social insurance number |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Last name at birth (if different from last name above)  |                                       |                         |  |  |  |  |
| East hame at sittle (if different from last hame above)   |                                       | Female Male             |  |  |  |  |
| Year Month Day  |                                       |                         |  |  |  |  |
| Date of birth   | Language of correspondence            | English Français        |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Mailing address:  | D.O. Davi                             | D.D.                    |  |  |  |  |
| Apt No - Street No Street name  | P.O. Box                              | R.R.                    |  |  |  |  |
| City  |                                       |                         |  |  |  |  |
| City  |                                       |                         |  |  |  |  |
| Province or territory (or country, if outside Canada)   |                                       | Postal code             |  |  |  |  |
| ,   |                                       |                         |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Home address (if different from above):   |                                       |                         |  |  |  |  |
| Apt No - Street No Street name  | City                                  |                         |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Province or territory (or country, if outside Canada)   |                                       | Postal code             |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Telephone numbers: Home   | Work                                  |                         |  |  |  |  |
|   |                                       | Year Month Day          |  |  |  |  |
| If you moved to this address within the last 12 months, enter the date you moved  |                                       |                         |  |  |  |  |
| If you moved to this address within the last 12 months, effer the date you moved  |                                       |                         |  |  |  |  |
| If you moved from a different province or territory, name the previous province or territory  |                                       |                         |  |  |  |  |
| in you moved from a different province of territory, frame the province of territory  |                                       |                         |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Does your application include a period that started more than 11 months ago?   Yes  No  |                                       |                         |  |  |  |  |
| If yes, see page 1 of the attached information sheet to find out which documents you need to attach.  |                                       |                         |  |  |  |  |
|   |                                       |                         |  |  |  |  |
| Have you been a Canadian citizen for the last 12 mo   | nthe?                                 | Yes No                  |  |  |  |  |
| If <b>no</b> , you must complete and attach schedule RC66SCH, S   |                                       |                         |  |  |  |  |
| You must also complete and attach schedule RC66SCH, Status in Canada/Statement of Income, if you or your  |                                       |                         |  |  |  |  |
| spouse or common-law partner:   |                                       |                         |  |  |  |  |
| became a new resident or returned as a resident of Canada in the last 2 years; or   |                                       |                         |  |  |  |  |
| • are, as defined in the <i>Immigration and Refugee Protection Act</i> , a permanent resident, protected person (refugee), or temporary                           |                                       |                         |  |  |  |  |
| resident who has lived in Canada for the previous 18 month  | ns.                                   |                         |  |  |  |  |
| Check the box that applies to your current marital st   | atus. (Check only one box)            |                         |  |  |  |  |
| See page 2 of the attached information sheet for the definition   | · · · · · · · · · · · · · · · · · · · |                         |  |  |  |  |
| 1 ☐ Married 2 ☐ Living common-law 3 ☐ Widov   | <u> </u>                              | Separated 6 ☐ Single    |  |  |  |  |
| <u> </u>  |                                       |                         |  |  |  |  |
| Enter the date your current marital status began. (If you checked box 2 or 5, see the definitions for <b>common-law partner</b> and <b>separated</b> on page 2 of |                                       |                         |  |  |  |  |
| the attached information sheet to determine the date you mus  |                                       |                         |  |  |  |  |
| and data you must   |                                       |                         |  |  |  |  |

| Г   | Part 2 – Information about   | t your spouse or common                            | -law partne        | r ———                           |  |  |
|---|--|--|--------------------|---------------------------------|--|--|
|   | First name and initial   | Last name  |                    | Social insurance number         |  |  |
|   |  |  |                    |                                 |  |  |
|   | Last name at birth (if different from last na  | ime above)   |                    |                                 |  |  |
|   |  |  |                    | Female Male                     |  |  |
|   | If your spouse or common-law partner's a   | ddress is different from your address, pleas       | se                 | Year Month Day                  |  |  |
|   | explain:   |  | Date of birth      |                                 |  |  |
|   | Has your spouse or common-law pa   | artner been a Canadian citizen for                 |                    |                                 |  |  |
|   | the last 12 months?  |  |                    | Yes No                          |  |  |
|   |  | nedule RC66SCH, Status in Canada/Stater            | nant of Income to  |                                 |  |  |
|   | ii <i>no</i> , you must complete and attach sch  | ledule RC005CH, Status III Carlada/Stater          | nent of income, to | your application.               |  |  |
|   | Dowt O Information of our  | 4.4la.aala.!! al/aa.\                              |                    |                                 |  |  |
| Γ   | Part 3 – Information abou  | t the child(ren)                                   |                    |                                 |  |  |
|   | To find out if you need to attach proof  | of birth, see page 1 of the attached info          | ormation sheet.    |                                 |  |  |
|   | Do you share the care and upbringing   | of the child(ren) listed below?                    |                    |                                 |  |  |
|   |  | ge 1 of the attached information sheet.            |                    | Yes No                          |  |  |
|   | <b>3</b> - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -   | <b>,</b>   |                    |                                 |  |  |
|   | Child information — (Do not incl   | ude children for whom you have already             | annlied )          |                                 |  |  |
|   |  |  | applica.           |                                 |  |  |
|   | First name and initial   | Last name  |                    |                                 |  |  |
|   |  | -  |                    | Female Male                     |  |  |
|   | Place of birth: City   | Province or territory (or country, if outside (    | Canada)            | Date of birth                   |  |  |
|   |  |  |                    | Year Month Day                  |  |  |
|   | Have you been primarily responsible for  | this child since birth?                            | ¬,, ,              |                                 |  |  |
|   | (see the definition on page 2 of the attach  | ed information sheet) $\ldots$                     | Yes No             |                                 |  |  |
|   |  | 71. 6 11 17.10                                     |                    | Year Month Day                  |  |  |
| L   | if <b>no</b> , when did you become primarily re  | sponsible for the child?                           |                    |                                 |  |  |
|   |  |  |                    |                                 |  |  |
| ı   | Child information — (Do not incl   | ude children for whom you have already             | applied.) ———      |                                 |  |  |
|   | First name and initial   | Last name  |                    |                                 |  |  |
|   | First name and initial   | Last name  |                    | Female Male                     |  |  |
|   | Place of birth: City   | Province or territory (or country, if outside (    | Canada)            |                                 |  |  |
|   | That of birth only   | Towniec of territory (or country, it outside t     | Janada)            | Date of birth<br>Year Month Day |  |  |
|   |  | 4. 1.1. 1.4.0                                      | _                  |                                 |  |  |
| Have you been <b>primarily responsible</b> for this child since birth?  (see the definition on page 2 of the attached information sheet) Yes No |  |  |                    |                                 |  |  |
|   | (see the definition on page 2 of the attach  |  |                    | Year Month Day                  |  |  |
|   | If <b>no</b> , when did you become primarily re  | sponsible for the child?                           |                    |                                 |  |  |
| L   | <u> </u>   | <u>·</u>   |                    |                                 |  |  |
|   | If you are applying for more than two ch   |  | give the informat  | ion requested                   |  |  |
| •   | above for the additional child(ren). Sign  | the sneet, and attach it to this form.             |                    |                                 |  |  |
| -   | Part 4 – Change of recipie   | ent ————   |                    |                                 |  |  |
|   |  |  | and by an aganay   |                                 |  |  |
|   |  | en living with another individual or maintair      | ied by all agency. | Date the child(ren) left the    |  |  |
|   | Name, address, and telephone   | number   | vild(ron)          | previous recipient's care       |  |  |
|   | of previous caregiver or ag  | ency Name of ch                                    | ilia(ren)          | Year Month Day                  |  |  |
|   |  |  |                    |                                 |  |  |
|   |  |  |                    |                                 |  |  |
|   | Dravious saragivaria signatura   |  |                    |                                 |  |  |
|   | Previous caregiver's signature   |  |                    |                                 |  |  |
|   | Dowt E. Contification  |  |                    |                                 |  |  |
|   | Part 5 - Certification ——  |  |                    |                                 |  |  |
|   | We cannot process this form unless it is signed. If you have a spouse or common-law partner, he or she also needs to sign this form. |  |                    |                                 |  |  |
|   | I certify that the information given on this form is, to the best of my knowledge, correct and complete.                             |  |                    |                                 |  |  |
|   | Applicant's signature  |  |                    | Date                            |  |  |
|   |  | It is a serious offence to make a false statement. |                    |                                 |  |  |
|   | Spouse or common-law partner's s   | ignature   |                    | Date                            |  |  |
|   |  | It is a serious offence to make a                  | false statement.   |                                 |  |  |
|   | If you cannot get your spouse or common-law partner's signature, please explain:   |  |                    |                                 |  |  |
|   |  |  |                    |                                 |  |  |