

## CLIENT PERSONAL INFORMATION

Year : \_\_\_\_\_

INDIVIDUAL	Mr.	Mrs.	Other	SPOUSE	Mr.	Mrs.	Other
Last name _____				Last name _____			
First name _____				First name _____			
Phone _____				Phone _____			
Email _____				Email _____			
Person with a disability			No Yes	Person with a disability			No Yes
I own more than \$100,000 in foreign property			No Yes	I own more than \$100,000 in foreign property			No Yes
I own cryptocurrency			No Yes	I own cryptocurrency			No Yes

### MARITAL STATUS as of December 31

☐ Single ☐ Living common-law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Change of marital status: ☐ No ☐ Yes Date of change: \_\_\_\_\_

I lived alone **THROUGHOUT THE YEAR** (or with children under 18/full-time students)

### CURRENT ADDRESS

No \_\_\_\_\_ Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal code \_\_\_\_\_

Change of address: ☐ No ☐ Yes Moving date: \_\_\_\_\_

### To be completed if you moved in 2025

- ☐ I bought my first home in 2025  
Date of purchase: \_\_\_\_\_ ☐ I participated in HBP ☐ I used my FHSA
- ☐ I sold my principal residence in 2025  
Address \_\_\_\_\_  
Year of purchase: \_\_\_\_\_ Sale price: \_\_\_\_\_ \$
- ☐ I moved to be at least 40 km closer to my **new** job

### RESIDENCY as of December 31

Resident of Quebec: Tenant (RL31) Owner Other: \_\_\_\_\_

Resident of Ontario: Tenant: Monthly rent \_\_\_\_\_ \$ Name of landlord \_\_\_\_\_

Owner: Property tax \_\_\_\_\_ \$

Other province: \_\_\_\_\_

**DRUG INSURANCE - Residents of Quebec**

	ME	From	To	SPOUSE	From	To
RAMQ						
Personal group plan						
Spouse/parent's plan						

**DEPENDANT CHILDREN**

First name	Last name	Birth date (DD/MM/YYYY)	Net income	Disabled	Post- secondary student	I pay a pension
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was a single parent at any time in the year ☐ No ☐ Yes

☐ If YES, I want to claim the amount for an eligible dependant for this child: \_\_\_\_\_

*Please note, you must be the only person claiming the amount for an eligible dependant for this child this year.*

*You must have full or shared custody and must not pay child support for this child.*

Other information:

**OTHER DEPENDANTS**

First name	Last name	Relationship	Birth date (DD/MM/YYYY)	Net income	Disabled	Live with me
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Please define the nature of your financial and human support**

Do you provide food, shelter, clothing? What kind of assistance do you offer in their daily living?

**ADDITIONAL INFORMATION**

- ☐ I sold real estate other than my principal residence during the year  
Please specify: ☐ Cottage, condo ☐ Land ☐ Rental property
- ☐ I started renting my residence during the year or I moved into my rental property
- ☐ I renovated my home to improve accessibility and safety (get around better, perform everyday tasks more easily). *People with disabilities, over the age of 65, caregiver.*
- ☐ I renovated my dwelling to establish a multigenerational home

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse  
signature \_\_\_\_\_

☐ I would like a pocket folder  
(extra \$5)