

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 \_\_\_\_\_

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

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