

This form must be completed by the person who owes a debt to Aide financière aux études, if requested by the collection officer in charge of his or her file.

Section 1 Personal 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
_____	_____	_____	_____
E-mail address _____			

Section 2 Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally separated
<input type="checkbox"/> Married	<input type="checkbox"/> Civil union spouse	<input type="checkbox"/> Widowed	<input type="checkbox"/> De facto separated
Number of dependents _____			
Spouse's last name and first name (optional) _____			Social insurance number _____
Spouse's occupation _____			Spouse's monthly income \$ _____ /month

Section 3 Occupation

Occupation		Name of employer	
_____		_____	
Number	Street		
_____	_____		
Municipality	Province	Postal code	Telephone number (office) Area code
_____	_____	_____	_____

Section 4 Financial Situation

ASSETS

Cash balance \$ _____
 Client accounts \$ _____
 Property \$ _____
 Furnishings \$ _____
 Investments
 (RRSP, dividends, etc.) \$ _____
 Vehicle \$ _____
 Other \$ _____
TOTAL \$ _____

LIABILITIES

Mortgage loan \$ _____
 Vehicle loan \$ _____
 Student loan* \$ _____
 Other \$ _____
 \$ _____
 \$ _____
 \$ _____
TOTAL \$ _____

MONTHLY INCOME (Attach proof of income.)

Gross earnings \$ _____
 Net earnings \$ _____
 Employment insurance since _____ (date)
 \$ _____
 Employment assistance since _____ (date)
 \$ _____
 Rental income \$ _____
 Support payments \$ _____
 Family allowance \$ _____
 Commissions and tips \$ _____
 Pensions and annuities \$ _____
 Investment income \$ _____
 Other \$ _____
TOTAL \$ _____

MONTHLY EXPENSES

Student loan* \$ _____
 Mortgage payment (principal + interest) \$ _____
 Rent \$ _____
 Taxes (municipal and school) \$ _____
 Insurance (home, car, life) \$ _____
 Heating and lighting \$ _____
 Cable and telephone \$ _____
 Food \$ _____
 Clothing \$ _____
 Support payments \$ _____
 Childcare expenses \$ _____
 Transportation (car, bus) \$ _____
 Other \$ _____
TOTAL \$ _____

*You must enter this amount. If you do not know it, contact the collection officer in charge of your file.

Section 5 Debts

Mortgage

Creditor's name _____ Address _____
 Address (cont.) _____ Expiry date _____
Y M D

Rent

Landlord's name _____ Landlord's telephone number _____
Area code

Vehicle

Creditor's name _____ Address _____
 Address (cont.) _____
 Monthly payment _____ Expiry date _____ Make and year _____
Y M D
 \$ _____

Other debts

Type of debt	Creditor's name	Amount	Due date	Monthly payment
_____	_____	\$ _____	_____ <small>Y M D</small>	\$ _____
Type of debt	Creditor's name	Amount	Due date	Monthly payment
_____	_____	\$ _____	_____ <small>Y M D</small>	\$ _____

Section 6 Signature

I hereby certify that the information provided is accurate and complete.

Signature X _____ Date _____
Y M D