

Student's last name _____

Permanent code assigned by the Ministère

Student's first name _____

Permanent code assigned by the Ministère,
if applicable

Spouse's last name _____

Spouse's first name _____

Income
Income

Enter the amounts requested, rounded off to the nearest dollar, or enter "0" (zero), if applicable.

A - Gross Employment Income or Net Business or Self-Employment Income

	January 1, 2010, to April 30, 2010	May 1, 2010, to August 31, 2010	September 1, 2010, to December 31, 2010	January 1, 2011, to April 30, 2011	May 1, 2011, to August 31, 2011
Gross income relating to employment, an election or a practicum	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Retirement or pension benefits (QPP, CPP, public plan or private plan)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Net business or self-employment income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employment insurance benefits from Human Resources and Skills Development Canada (HRSDC)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Emploi-Québec training allowance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income replacement benefits from the CSST and the SAAQ	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Benefits received under the Québec Parental Insurance Plan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal A:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B - Financial Resources Other Than Employment Income

Orphan's pension, pension for a disabled person's child, surviving spouse's pension (QPP/PPP), death benefits (SAAQ) and pension paid for a child of a crime victim (CSST)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Withdrawal from an RRSP or an RESP	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Support payments received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Investment and interest income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Social assistance or social solidarity benefits from the Ministère de l'Emploi et de la Solidarité sociale	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loans and bursaries (Aide financière aux études)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other scholarships and bursaries (including those from another province or country)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Family allowance payments and child tax benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Financial support (other than that provided by parents or spouse)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal B:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL INCOME (A+B):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

C - Details on Financial Resources

Investments (please specify)	\$ _____
Amount of credit line granted by your financial institution (excluding credit cards)	\$ _____
Amount of credit line used (excluding credit cards)	\$ _____

Expenses

Expenses

Enter the amounts requested, rounded off to the nearest dollar, or enter "0" (zero), if applicable.

	May 1, 2010, to August 31, 2010	September 1, 2010, to December 31, 2010	January 1, 2011, to April 30, 2011	May 1, 2011, to August 31, 2011
Educational expenses:				
Tuition fees	\$	\$	\$	\$
Books, supplies, etc.	\$	\$	\$	\$
Computer	\$	\$	\$	\$
Housing:				
Rent <input type="checkbox"/> Room and board <input type="checkbox"/>	\$	\$	\$	\$
Mortgage payments	\$	\$	\$	\$
Taxes and insurance	\$	\$	\$	\$
Heating and electricity	\$	\$	\$	\$
Telephone, Internet, cable, pager and cell phone	\$	\$	\$	\$
Food:				
Groceries, meals outside the home	\$	\$	\$	\$
Transportation:				
Public transit <input type="checkbox"/> Taxi fares <input type="checkbox"/>	\$	\$	\$	\$
Car payments <input type="checkbox"/> Parking <input type="checkbox"/>	\$	\$	\$	\$
Gas, repairs and car insurance	\$	\$	\$	\$
Health:				
Dentist	\$	\$	\$	\$
Medication <input type="checkbox"/> Optometry <input type="checkbox"/>	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
Other:				
Sports (including equipment) <input type="checkbox"/> Outings <input type="checkbox"/>	\$	\$	\$	\$
Clothing and dry-cleaning	\$	\$	\$	\$
Payments on debts. Please specify: _____	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
Child-related expenses:				
Clothing	\$	\$	\$	\$
Educational expenses	\$	\$	\$	\$
Childcare expenses	\$	\$	\$	\$
Sports <input type="checkbox"/> Cultural activities <input type="checkbox"/>	\$	\$	\$	\$
Health care. Please specify: _____	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
TOTAL EXPENSES:	\$	\$	\$	\$

Income (from September 1, 2010, to August 31, 2011)

(Do not include income earned from January 1, 2010, to August 31, 2010)

minus

Expenses (from September 1, 2010, to August 31, 2011)

Balance

Debts: Bank loans (excluding student loans)

Personal loans (parent, friend, etc.)

Emergency funds (educational institution)

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I hereby certify that all the information and documents provided herewith are accurate and complete.

Date

Y M D

Spouse's signature **X**