

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.

Please submit this fully-executed form by uploading it right into your online 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

Single De facto spouse Divorced Legally separated
 Married Civil union spouse Widowed De facto separated

Number of dependents

Spouse's last name and first name (optional) Social insurance number
 Area code

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

Section 6 – Signature

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

Signature **X** _____

Date _____
 _____ Y M D