

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
_____	_____	_____	_____

## Section 2 Marital Status

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

Number of dependents  
\_\_\_\_\_

(For reference purposes) Spouse's last name and first name  
\_\_\_\_\_

Spouse's occupation  
\_\_\_\_\_

Spouse's monthly income \$ \_\_\_\_\_ /month

Social insurance number  
\_\_\_\_\_

## Section 3 Occupation

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

# Section 4 Financial Situation

## Assets and liabilities

### ASSETS

Cash Balance \$ \_\_\_\_\_  
 Accounts receivable \$ \_\_\_\_\_  
 Property \$ \_\_\_\_\_  
 Furnishings \$ \_\_\_\_\_  
 Investments (RRSPs, etc.) \$ \_\_\_\_\_  
 Vehicle \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

### LIABILITIES

Mortgage loan \$ \_\_\_\_\_  
 Car loan \$ \_\_\_\_\_  
 Student loan \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

## Income and expenses

### MONTHLY 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 \$** \_\_\_\_\_

\*Attach proof of income.

# Section 5 Debts

## Mortgage, rent, vehicle

**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	_____
_____	_____	_____	_____ Y M D	_____

For information regarding the student loan debt that you have contracted with the Ministère de l'Éducation, du Loisir et du Sport, contact your debt collection officer.

# Section 6 Signature

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

Signature X \_\_\_\_\_

Date \_\_\_\_\_  
 Y M D