

Student's last name \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Spouse's last name \_\_\_\_\_  
 Spouse's first name \_\_\_\_\_

Student's permanent code assigned by the  
Ministère \_\_\_\_\_  
 Spouse's permanent code assigned by the  
Ministère (if applicable) \_\_\_\_\_

**Income**

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

	Round off to nearest dollar				
	January 1, 2006, to April 30, 2006	May 1, 2006, to August 31, 2006	September 1, 2006 to December 31, 2006	January 1, 2007, to April 30, 2007	May 1, 2007, to August 31, 2007
Gross employment income (including income related to an election) and income from paid practicums . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Retirement benefits received under the Québec Pension Plan (QPP), the Canada Pension Plan (CPP) or a private or public retirement plan . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Net business or self-employment income . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employment insurance benefits from Human Resources and Skills Development Canada (HRSDC)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income replacement benefits (from the CSST and the SAAQ) . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Subtotal A:</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**B - Financial Resources Other Than Employment Income**

	Round off to nearest dollar				
Orphan's pension, pension for a disabled person's child (QPP/PPP), surviving spouse's pension (QPP/PPP), death benefits in the form of a pension (SAAQ) and pensions paid for a child of a crime victim (CSST) . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Support payments received . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Investment and interest income . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Scholarships and bursaries (other than those awarded under the Loans and Bursaries Program)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employment assistance (income security) benefits from the Ministère de l'Emploi et de la Solidarité sociale	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Student loans and bursaries (awarded by Aide financière aux études) . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Family allowance payments and child tax benefits . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Financial support (other than that provided by your parents or spouse) . . . . .	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Subtotal B:</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME (A+B):</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**C - Details on Your Financial Resources**

Investments (please specify) \_\_\_\_\_ \$ \_\_\_\_\_  
 Student credit line used (excluding credit cards) . . . . . \$ \_\_\_\_\_  
 Student credit line available (excluding credit cards) . . . . . \$ \_\_\_\_\_

# Expenses

Round off to nearest dollar

	May 1, 2006, to August 31, 2006	September 1, 2006, to December 31, 2006	January 1, 2007, to April 30, 2007	May 1, 2007, to August 31, 2007
<b>Educational expenses:</b>				
Tuition fees .....	\$	\$	\$	\$
Books, supplies, etc. ....	\$	\$	\$	\$
<b>Housing:</b>				
Rent <input type="checkbox"/> Room and board <input type="checkbox"/> .....	\$	\$	\$	\$
Mortgage payments .....	\$	\$	\$	\$
Taxes and insurance .....	\$	\$	\$	\$
Heating and electricity .....	\$	\$	\$	\$
Telephone, Internet, cable, pager and cellular telephone	\$	\$	\$	\$
<b>Food:</b>				
Groceries .....	\$	\$	\$	\$
Meals (outside the home) .....	\$	\$	\$	\$
<b>Transportation:</b>				
Public transit <input type="checkbox"/> Taxi fares <input type="checkbox"/> .....	\$	\$	\$	\$
Car payments <input type="checkbox"/> Parking <input type="checkbox"/> .....	\$	\$	\$	\$
Gas, repairs and car insurance .....	\$	\$	\$	\$
<b>Health:</b>				
Dentist .....	\$	\$	\$	\$
Medications <input type="checkbox"/> Optometry <input type="checkbox"/> .....	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
<b>Other:</b>				
Sports (including equipment) <input type="checkbox"/> Outings <input type="checkbox"/> .....	\$	\$	\$	\$
Clothing and dry-cleaning .....	\$	\$	\$	\$
Payments on debts. Please specify: _____	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
<b>Child-related expenses:</b>				
Clothing .....	\$	\$	\$	\$
Educational expenses .....	\$	\$	\$	\$
Childcare expenses .....	\$	\$	\$	\$
Sports <input type="checkbox"/> Cultural activities <input type="checkbox"/> .....	\$	\$	\$	\$
Health care. Please specify: _____	\$	\$	\$	\$
Other. Please specify: _____	\$	\$	\$	\$
<b>TOTAL EXPENSES:</b>	\$	\$	\$	\$

<b>Income</b> (September 1, 2006, to April 30, 2007)	
(Do not include income from January 1, 2006, to August 31, 2006) .....	\$
minus	
<b>Expenses</b> (September 1, 2006, to April 30, 2007) .....	\$
<b>Balance</b> .....	\$
<b>Debts:</b>	
Bank loans (excluding student loans) .....	\$
Personal loans (parent, friend, etc.) .....	\$
Emergency funds (educational institution) .....	\$

Do not write in this space	Do not write in this space
\$	\$
\$	\$
\$	\$

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

Spouse's signature X

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