Centre intégré
universitaire de santé
et de services sociaux
de l'Estrie - Centre
hospitalier universitaire
de Sherbrooke

Québec

Direction de la qualité, de l'éthique,

as performance et du partenand.

FINANCIAL STATEMENT OF APPLICANTS

To applicants: As part of the process of assessing your application, please complete the information requested below. Applicant 1: Name: SIN: Job title: Hourly rate: \$ Employer: ______Telephone: _____ Number of hours worked per week (excluding overtime):_____ Net salary (excluding overtime): \$_____/month Other income or annuities: \$_____/month Spouse: Nom:______SIN:_____ Job title: Hourly rate: \$_____ _____Telephone: _____ Employer: Hours worked (excluding overtime): per week. Net salary (excluding overtime): \$_____per month Family allowance: \$_____per month Other income or annuities: \$_____per month Please, enter the amounts you have to pay month (per month) for the following services. Electricity: \$ Car rental or loan: \$_____ Car insurance:_____\$ Mortgage: \$_____ Home insurance: \$ Other loans: \$_____ Leisure activities (skiing, gym, etc.):\$_____ Groceries: \$ Alimony or maintenance allowance: \$

Television (Internet, Netflix, Disney + Super Screen, etc.): \$_______