

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: \$ _____

Employer: _____ Telephone: _____

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.): \$ _____