

FINANCIAL REVIEW QUESTIONNAIRE

APPLICANT'S CONTACT INFORMATION

Name: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Telephone (Home): _____ (Cell) _____ File no. _____

APPLICANT'S INCOME

Source	Yes	No	Gross Monthly Amount
Are you receiving Social Assistance?			
Are you a full-time student?			
Are you receiving Student Loans/Grants/Bursaries?			
Are you being sponsored to attend school?			
Are you receiving Employment Insurance?			
Are you receiving Workers Compensation?			
Are you receiving Old Age Security?			
Are you receiving CPP?			
Are you receiving Private Disability Insurance?			
Are you receiving MPI Income Replacement?			
Are you <u>receiving</u> child/spousal support?			

Employer Name: _____ When did you begin working there? _____
 Hourly rate: _____ Paid: Weekly Bi-weekly Semi-monthly Monthly
 Full-Time Part-Time Seasonal Months per year: _____ Self-employed: Yes No
 Additional Employment: _____

If no income is noted above, please explain how you pay for daily food and accommodations. If your family/friends are supporting you please explain how: _____
 Total income in the last 12 months: _____

SPOUSE (OR PARTNER) WITH WHOM THE APPLICANT IS LIVING

Name: _____
 Are you married? Yes No If no, how long have you been living together? _____

Source	Yes	No	Gross Monthly Amount
Is he/she receiving Social Assistance?			
Is he/she a full-time student?			
Is he/she receiving Student Loans/Grants/Bursaries?			
Is he/she being sponsored to attend school?			
Is he/she receiving Employment Insurance?			
Is he/she receiving Workers Compensation?			
Is he/she receiving Old Age Security?			
Is he/she receiving CPP?			
Is he/she receiving Private Disability Insurance?			
Is he/she receiving MPI Income Replacement?			
Is he/she <u>receiving</u> child/spousal support?			
Is he/she <u>paying</u> child/spousal support?			

Employer Name: _____ When did you begin working there? _____
 Hourly rate: _____ Paid: Weekly Bi-weekly Semi-monthly Monthly
 Full-Time Part-Time Seasonal Months per year: _____ Self-employed: Yes No
 Additional Employment: _____

FAMILY ASSETS

Cash or Savings: _____ None Vehicle(s): _____

Investments (RRSPs, RESPs, Stocks, Bonds, GICs, Trust Funds, etc.): \$ _____ Locked in: Yes No

Other financial resources the family may be entitled to now or in the near future? Yes No If you have any investments or other financial resources, please provide details including maturity date(s): _____

Family home: address as above , or: _____

In whose name: _____ Purchased when? _____ Purchase price: _____

Does your family own or have an interest in any other real property of any kind? Yes No If yes, please provide details: _____

FAMILY EXPENSES

Monthly rent payment: _____ Monthly mortgage payment: _____

Monthly cost of daycare or childcare: _____ Monthly child support payments: _____

PERSONS LIVING WITH THE APPLICANT

Name	Age	Relationship

Are any children in the household 18 or older and attending school?: Yes No

DOCUMENTS REQUIRED

Below is a list of enclosures that you will need to provide with your completed Financial Review Questionnaire. If you are living with a spouse/partner, he/she will also need to provide this information. **If your lawyer/trustee has copies of this information it is your responsibility to obtain this information from them.**

- 1) If you are employed please provide copies of your three most recent pay stubs.
*If you are seasonally employed please provide a letter from your employer advising how many months a year you work. If a letter is not provided we will assess your income on a 12 month basis.
- 2) If you are receiving EI/WCB/OAS/PPP/Private Ins./MPI please provide us with a copy of your most recent pay stub. If you are receiving EI please provide proof showing how many weeks you have been approved for.
- 3) Investment information stating the value of investments and any penalties if cashed in.
- 4) Proof that you are receiving Student Loans/Grants/Bursaries/Sponsorship to attend school.
- 5) If you are self-employed please provide a copy of your most recent Income Tax Return with all schedules and attachments.

NOTE: If you do not provide ALL of the requested enclosures and answer ALL of the questions (or provide an explanation as to why you are unable to do so) on the questionnaire your Legal Aid Certificate may be cancelled and your lawyer may no longer be able to work for you.

If there is any additional information you would like to include, please indicate it below:

Signature: _____ Date: _____

Please print your full name: _____