

LOAN REQUEST FORM

-INTERNATIONALLY TRAINED PROFESSIONALS-

PERSONAL INFORMATION

First name: _____ Family name: _____

Date of birth (day/month/year): _____ GENDER: F M

PERMANENT ADDRESS

Address: _____ Apt : _____

City : _____ Province : _____ Postal code _____

Home phone: _____ Cell phone: _____

Email: _____

FAMILY STATUS

Couple with child/children Couple without child Single parent Single (divorced, widowed, etc.)

Dependent child, how many and how old are they? _____

Other dependent family members (Canada or home country), how many? _____

IMMIGRATION INFORMATION

Date of arrival in Canada (obligatory) : _____ Country of origin (obligatory) : _____

Permanent resident, since (obligatory) _____ Canadian citizen, since : _____

Economic Immigrants:

Skilled worker

Skilled worker (with Quebec work experience)

Business category (entrepreneur, self-employed)

Temporary resident:

Temporary worker/ international student

Accepted refugee

Family reunification/ sponsored spouse

OTHER INFORMATION

Visible minority Physical disability _____

SPOKEN AND/OR WRITTEN LANGUAGES:

French: beginner intermediate advanced

English: beginner intermediate advanced

Mother tongue: _____ **Other language(s):** _____

EDUCATION:

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE IN YOUR PROFESSION/TRADE (CANADA AND COUNTRY OF ORIGIN):

EQUIVALENCIES:

What is the equivalence of the highest diploma obtained before immigrating to Canada according to the comparative evaluation for studies done outside Quebec by the Ministère d'Immigration Francisation et Integration (MIFI)?

SOURCE OF INCOME

Annual income: _____

- Full-time Part time (specify number of hours a week) _____
- Receiving last-resort financial assistance Receiving employment insurance
- Student, specify education level and discipline: _____

CURRENT EMPLOYMENT STATUS:

- What is your current profession? _____
- Full-time OR part-time (specify number of hours a week): _____
- Looking for work Not looking for a work

RESIDENCE:

- Rental Shared apartment House-owner Other (explain) _____

OTHER INFORMATION

Have you ever declared bankruptcy in Canada? Yes No

PROFESSION/TRADE:

Profession/trade practiced before arriving in Canada: _____

Number of years of professional experience: _____

What profession do you wish to practice in Canada: _____?

Are you currently looking to work in the same profession? Yes No

If not, what profession do you wish to practice? _____

- Regulated Profession Regulated trade Unregulated Profession I don't know

WHAT STEPS ARE NEEDED FOR YOUR CREDENTIALS TO BE RECOGNIZED?

Check all that apply

- Assessment of credentials by a professional or regulatory body Licensing exam(s)
- Registration with professional order or regulatory body Course/training program
- Books/course materials Transport costs Subsistence fees
- Other (specify) _____

DESCRIBE YOUR CREDENTIAL RECOGNITION ITINERARY IN CANADA:

<i>Start date (mm/yyyy)</i>	<i>End date (mm/yyyy)</i>	<i>Details (Registration fees with a professional order, exams, courses, certifications, name of University or education centre)</i>	<i>Cost</i>

Loan amount requested to Microcredit Montreal: \$

PERSONAL BALANCE SHEET

Assets	Total assets \$
Cash in hand	
Checking account/savings account	
Investment certificates, mutual funds etc.	
Retirement savings (RRSP)	
Life insurance (buy out value)	
Vehicle (market value) year:	
Building (market value)	
Office equipment /Other equipment (market value)	
Computer (market value)	
Other	
TOTAL ASSETS	\$
Liabilities	Total liabilities \$
Credit card balance	
Line of credit balance	
Personal loans	
Bank loans	
Student loans	
Car loans	
Mortgage (land, building...)	
Other	
TOTAL LIABILITIES	\$
EQUITY (assets minus liabilities)	\$

FAMILY BUDGET FOR A MONTH

Based on ____ adults ____ children

Family income gross (during your <u>credentialing process</u>)	Monthly amount \$
Employed -full-time	
Employed-part-time	
Seasonal worker	
Grants/loans	
Revenue of partner	
Entrepreneur	
Self-employed	
Revenue form employment insurance	
Revenue from income assistance	
Other -	

Family expenses gross (during your <u>credentialing process</u>)	Monthly amount \$
Rent or mortgage (including taxes)	
Family transportation (insurance, gaz, bus etc.)	
Food for the family	
Heating (Hydro, Gaz metro etc.)	
Telephone, TV cable and internet	
Childcare including costs for children at school	
Prescription	
Life insurance	
Credit card/ Personal loans	
Car loan	
Money sent to family abroad	
Emergencies, others -	
Total	\$

OTHER INFORMATION:

What will you do if you don't receive the financing you have requested?

If you receive the financing, how do you plan to reimburse us?

What are the obstacles to your success?

Describe where you would like to see yourself in the next 2-3 years (professionally)?

Reference: Who referred you to Microcrédit Montréal?

- Word of mouth
 Internet
 Government
 Microcredit Montreal's web site
 Facebook
 LinkedIn
 Other (please specify): _____
 Other media (please specify): _____

Would you like to be added to our mailing list? Yes No

Signature : _____ Date : _____

Email: info@microcreditmontreal.ca

Declaration and consent form

First name: _____ Family name: _____

- I declare that all information in this application is correct, complete and true in every respect, and I understand that Microcrédit Montréal will reply on this information to make a decision.
- I have disclosed all relevant information, to the best of my knowledge, which can influence the decision of Microcrédit Montréal.
- I agree that Microcrédit Montréal obtain any information required in connection with this loan application from relevant persons, companies or organizations. This consent applies to any information updates during the loan period.
- I take responsibility to check and to correct the content and accuracy of the information on my file.
- I agree that Microcrédit Montréal communicates to any donor, funder or partner, information it collects under this Agreement.
- For its part, Microcrédit Montréal agrees to maintain confidentiality (except as part of the disclosure provided in the preceding paragraph).

Signature: _____

Date: _____