

LOAN EVALUATION FORM

-INTERNATIONALLY TRAINED PROFESSIONALS-

PERSONAL INFORMATION

First Name: _____ **Last Name:** _____

Date of birth (*mm/dd/yyyy*): _____ GENDER: F M **Social Insurance Number:** _____

CURRENT ADDRESS

Address: _____ Apt: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Cell phone: _____

Email: _____

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

FAMILY AND MARITAL STATUS

Single Married Common-law Divorced Legally separated Separated without judgement Widow

Civil Union Dissolved civil union Single parent-household

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

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

IMMIGRATION INFORMATION (obligatory)

Date of arrival in Canada (*mm/dd/yyyy*): _____

Birth country: _____

Permanent resident, since (*mm/dd/yyyy*): _____

Canadian citizen, since: _____

If permanent resident, specify category on permanent residency card or immigration document _____

Skilled worker, specify program: _____

Temporary worker

Accepted refugee Asylum seeker

Business category (entrepreneur, self-employed)

Family reunification/ Sponsored

OTHER INFORMATION

Visible minority Person with disability (physical, intellectual or mental:) Yes: specify _____ No

Aboriginal Person (First Nations, or Inuit) Yes please specify: _____ No

Language of communication in Canada: English French

Mother tongue _____ Other language(s) _____

SOURCE OF INCOME AND EMPLOYMENT STATUS (PROFESSION OR CURRENT WORK)

Annual income: \$ _____

- Full-time employment
 Part-time employment
 Looking for work
 Not looking for work
 Receiving last-resort financial assistance
 Receiving employment insurance
 Student, specify education level and discipline: _____

OTHER INFORMATION

Have you ever declared bankruptcy in Canada? Yes No

PROFESSION/TRADE:

Profession/trade practiced before arriving in Canada: _____

Years of professional experience in your profession/trade: _____

Years of professional experience in Canada: _____

What profession/trade do you wish to practice in Canada? _____

Are you 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

EDUCATION: Please indicate the highest education level achieved

Level: Primary Secondary College University

Degree of education: _____ (years of education completed at the the highest level)

Level	Name of diploma/title	Country	Year obtained

DESCRIBE YOUR PROFESSIONAL INTEGRATION PLAN IN QUEBEC:

WHAT STEPS DO YOU NEED TO COMPLETE TO HAVE YOUR QUALIFICATIONS RECOGNIZED? CHECK ALL THAT APPLY TO YOUR CREDENTIALING PROCESS AND THOSE FOR WHICH YOU WANT TO REQUEST A LOAN?

	CREDENTIALING PROCESS	COST
<input type="checkbox"/>	Assessment of credentials by a regulated profession or trade	
<input type="checkbox"/>	Licensing exam(s)	
<input type="checkbox"/>	Professional order enrolment	
<input type="checkbox"/>	Course/training program	
<input type="checkbox"/>	Internship program required by a trade or regulatory body	
<input type="checkbox"/>	Books/course materials	
<input type="checkbox"/>	Translation fees	
<input type="checkbox"/>	Other (specify ex: child care expenses, transportation costs, living expenses)	
	LOAN AMOUNT REQUESTED:	\$ _____

PERSONAL BALANCE SHEET

Assets	Total assets \$
Cash on hand	
Checking account/savings account	
Investment certificates, mutual funds etc.	
Retirement savings (RRSP)	
Vehicle (market value)	
Building (market value)	
Office equipment /Other equipment (current value)	
Computer (current 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)	Monthly amount \$
Employed -full-time	
Employed-part-time	
Seasonal worker	
Grants/loans	
Income from partner	
Entrepreneur/self-employment	
Revenue form employment insurance	
Revenue from income assistance	
Other	
Total	
Family expenses (gross)	Monthly amount \$
Rent or mortgage (including taxes)	
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	
Credit card/ Personal loans	
Car loan	
Money sent to family abroad	
Other	
Total	\$

OTHER INFORMATION:

What are the obstacles to your success?

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

Who referred you to Microcrédit Montréal?

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

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

Signature : _____ **Date :** _____

Email: info@microcreditmontreal.ca

DECLARATION AND CONSENT FORM

INTERNATIONALLY TRAINED PROFESSIONALS

First and Last Name: _____

- I declare that all information in this application is correct, complete, and true in every respect, and I understand that Microcrédit Montréal will rely on this information to make a recommendation regarding my loan evaluation to the Caisse d'économie Solidaire Desjardins, as part of the Foreign Credential Recognition Program (FCRP).
- I have disclosed all relevant information, to the best of my knowledge, which can influence the decision of Microcrédit Montréal in connection with my loan evaluation recommendation as part of the FCRP.
- I consent to Microcrédit Montréal collecting, using and disclosing my personal information for the purposes of processing a recommendation of my loan evaluation; verifying my identity, employment, residence and credit; administering my loan; providing information to me about Microcrédit Montréal or other relevant organizations; enabling partner organizations or governmental agencies to provide me information; analyzing my information for operational or marketing purposes; collecting a debt owed to Microcrédit Montréal; and complying with any legal requirements.
- I consent to Microcrédit Montréal obtaining and using any additional information required in connection with this loan evaluation recommendation from any other source or person.
- I consent to Microcrédit Montréal requesting and obtaining one or more credit reports, as necessary, in connection with the loan evaluation recommendation.
- I undertake to verify, correct and update the content and accuracy of the information provided to Microcrédit Montréal in connection with this loan evaluation recommendation.
- I consent to Microcrédit Montréal sharing any information it collects in connection with this loan evaluation to any donor, funder or partner, including the Caisse d'économie solidaire Desjardins, the designated financial institution to receive and analyse loan recommendations as part of the FCRP.
- I understand that I can withdraw my consent to the collection, use and disclosure of my personal information at any time by contacting Microcrédit Montréal, but that by doing so, Microcrédit Montréal may not be able to provide, or continue to provide, a loan recommendation as part of the FCRP.

Signature: _____

Date: _____