

## LOAN EVALUATION FORM

-INTERNATIONALLY TRAINED PROFESSIONALS-

### PERSONAL INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Date of birth (*mm/dd/yyyy*): \_\_\_\_\_ GENDER:  F  M

### 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?**

	<b>CREDENTIALING PROCESS</b>	<b>COST</b>
<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)	
	<b>LOAN AMOUNT REQUESTED:</b>	\$ _____

**PERSONAL BALANCE SHEET**

<b>Assets</b>	<b>Total assets \$</b>
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	
<b>TOTAL ASSETS</b>	<b>\$</b>
<b>Liabilities</b>	<b>Total liabilities \$</b>
Credit card balance	
Line of credit balance	
Personal loans	
Bank loans	
Student loans	
Car loans	
Mortgage (land, building...)	
Other	
<b>TOTAL LIABILITIES</b>	<b>\$</b>
<b>EQUITY (assets minus liabilities)</b>	<b>\$</b>

<b>FAMILY BUDGET FOR A MONTH</b>	<b>Based on _____ adults _____ children</b>
<b>Family income (gross)</b>	<b>Monthly amount \$</b>
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	
<b>Total</b>	<b>Monthly amount \$</b>
<b>Family expenses (gross)</b>	<b>Monthly amount \$</b>
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	

<b>Total</b>	<b>\$</b>
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**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](mailto: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:** \_\_\_\_\_