



## Financial Feasibility Form

**Applicant Name** \_\_\_\_\_ **Case ID** \_\_\_\_\_

To assess your application for assistance and to assist you in determining if it is financially feasible for you to participate in post-secondary training, please read and complete this form in its entirety. You may be required to provide verification for the information provided.

### Section 1 – Net Income

Enter Self and Spousal or Other, income amounts for each of the categories that are listed in column one below.

Monthly Net Income Sources	Self	Spouse or Other
Employment		
Employment Insurance Benefits		
Income Support (Social Assistance)		
Alimony		
Self-Employment		
Employer or Personal Pension		
Disability Income		
Workers Compensation Benefits		
Canada Pension Plan		
Child Tax Benefit		
Income from Rental Properties		
Severance Pay		
Any other sources		
<b>Total Monthly Income</b>		

### Section 2 – Other Anticipated Funding Sources to Support Training

Enter the amount of other anticipated funding Sources for each of the applicable categories in column one below.

Other Anticipated Funding Sources to Support Training	Amount
Student Loans	
Savings	
Scholarships or Bursaries	
Investment Income	
Support from Family and or Guardian and or Parent	
Other sources not listed	
<b>Total Anticipated Funding</b>	



### Section 3 – Eligible Monthly Expenses

Enter the expense amount for each of the eligible monthly costs in the table below.

Eligible Monthly Expenses	Amount
Rent or Mortgage	
Property Tax	
Food	
Utilities (Heat and Light)	
Telephone (Basic Land Line)	
Other Incremental Costs	
Other Personal Supports	
Transportation	
Dependent Care	
Disability Needs	
<b>Total Eligible Monthly Expenses</b>	

### Section 4 – Ineligible Expenses

Please enter the applicable costs associated with costs in the label below. The province does not contribute towards these costs, however, they should be considered when determining if you are in a financial position to attend training at this time.

Ineligible Expenses	Amount
Vehicle Lease or Loan	
Insurance (auto, life, home)	
Credit Card Debt and/or Loan Payments	
RRSP and/or RESP Contributions	
Cable, Satellite, and/or Internet	
Alimony and/or Child Support	
Recreation and/or Entertainment	
<b>Total Ineligible Expenses</b>	



### Section 5 – Dependents

Please list any dependents residing in your household.  
Dependents must meet all of the first three requirements below OR meet the fourth requirement.

1. Reside with the applicant or be under the applicants care; and
2. Be wholly or partially dependent on the participant for support; and
3. Either be mentally or physically disabled; **or**
4. Be a child under 12 years of age.

Name	Relationship	Date of Birth	MCP Number

### Section 6 – Amounts Owing in Default to Province

If you owe any amounts that are in default to the Province, please list them below.

Amount in Default	Nature of the Default (e.g., Penalties, overpayments)	Source (e.g., Employment Program, Social Assistance)