



Short-term Training Financial Feasibility Form (EI Eligible Benefits)

Use this Short-term Training Financial Feasibility Form for individuals seeking access to funding under
EI-eligible benefits **only**

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		
Total Monthly Income	0	0

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	
Total Anticipated Funding	0



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	
Total Eligible Monthly Expenses	0

Section 4 – Ineligible Expenses

Please enter the applicable costs associated with costs in the label below. The province does not contribute towards these cost, 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	
Credit Card or Loan Payments	
RRSP or RESP Contributions	
Cable and or Satellite and or Internet	
Alimony and or Child Support	
Recreation and or Entertainment	
Total Ineligible Expenses	0



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)

Section 7 - Declaration/Attestation:

I certify that the information that the information provided is true, accurate, and complete in every respect. If the information described above is false or misleading I understand I may be required to repay some, or all, financial assistance that may be approved by the Province.

I recognize that any amounts owing in default to the Province may be deducted from, set-off against, or recovered by other means from amounts payable to me under any contribution agreement.



I give permission to the Department of Immigration, Population Growth and Skills to exchange and release my personal information, or the information of my dependent(s) to any person, agency, or government department, for the purpose of: assessing my eligibility for services and benefits; administering benefits; coordinating and providing follow-up services; and improving the quality of services and benefits offered. The personal information collected will be used for the administration of the program for which I have applied.

Applicant Signature:

Date: