

FINANCIAL INFORMATION SECTION

The following budget information is to be completed by all applicants who will be requesting financial assistance.

Section A is your financial situation to date, NOT including additional training costs.
Determine all costs and expenses related to your training and fill in Section B.

| | |
|------------------|---|
| SECTION A | <p>(UP TO DATE) FINANCIAL BUDGET FOR: _____</p> <p style="text-align: right; font-size: small;">(PRINT NAME)</p> <p style="text-align: center; margin-top: 10px;"> • NOT INCLUDING SECTION B TRAINING EXPENSES </p> |
|------------------|---|

LIST ALL PERSONS LIVING IN THE HOUSEHOLD EXCLUDING YOURSELF [ATTACH SEPARATE SHEET IF NEEDED]

| Surname (Last) | First Name | Relationship | Dependant (YES or NO) | Birth date |
|----------------|------------|--------------|--------------------------|------------|
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| Monthly Income | Amount |
|--|---------|
| Employment Income (from work/job) | |
| Employment Insurance Benefits (EI) | |
| Income Assistance (SA) | |
| Spousal Income | |
| Self-Employment Income (your own business) | |
| Alimony or Child Support from child/ren's other Parent | |
| Child Tax Benefit (family allowance) | |
| WCB Income | |
| Room, Board, Rental Income | |
| GST Refund | |
| Pension/Disability (CPP, widow's pension) | |
| Income from Rental Properties | |
| Severance Pay | |
| Other Income: (list) | (below) |
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| Total Monthly Income | |
| Overall Savings | |
| Monetary Gifts | |

| Monthly Expenses | Amount |
|---|--------|
| Rent/Mortgage/Room & Board/Other - Specify: | |
| Property Taxes | |
| Co-op/Strata Fees | |
| Gas/Electric/Water/Garbage | |
| Groceries | |
| Sundries (toiletries, laundry, household supplies, dry cleaning, cosmetics, etc) | |
| Clothing/Hair/Personal Care | |
| Medical/Dental/Life Insurance | |
| Telephone/Cell Phone | |
| Cable and Internet | |
| Transportation (public transportation, auto payment, fuel, maintenance/repairs) | |
| Car Insurance (monthly) | |
| House Insurance (monthly) | |
| Family Order Agreement | |
| Expenses for Disability | |
| Child Care (after subsidy) | |
| Pet Care – Specify: | |
| Entertainment (movies/rentals, events, meals out, travel) | |
| Credit Card- min monthly payment: - Balance Owing: | |
| Credit Card- min monthly payment: - Balance Owing: | |
| Loan – min monthly payment: - Type: - Balance Owing: | |
| Total Monthly Expenses | |

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| | |
|------------------|--|
| SECTION B | TRAINING EXPENSES FOR: _____ <small style="float: right;">(PRINT NAME)</small> |
| | • COSTS DIRECTLY RELATED TO YOUR EDUCATION/TRAINING |

| Training Expenses | Costs for Training | Amounts to be Funded by Other Contributors | Amounts Requested from OTDC |
|--|--------------------|--|-----------------------------|
| Registration Fees | | | |
| Tuition | | | |
| Student Fees | | | |
| Books | | | |
| Supplies | | | |
| Tools | | | |
| Uniforms | | | |
| Footwear | | | |
| Accommodation (living away from home costs) | | | |
| Transportation | | | |
| Travel | | | |
| Childcare | | | |
| Disability Needs | | | |
| Other Expenses: (list below) | Other Costs: | Other Expenses Funded: | Other OTDC Amounts: |
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| Training Totals | | | |

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| The information provided in Section A and Section B is true and correct I understand that this information may be used to determine the funding support I am requesting | |
| APPLICANT SIGNATURE <div style="height: 40px; border: 1px solid black;"></div> | DATE SIGNED <div style="height: 40px; border: 1px solid black;"></div> |