



**Financial Need Assessment Form | 2023-2024**

<b>Last Name:</b>	<b>First Name:</b>
<b>Student Number:</b>	<b>Graduate Unit:</b>

Please do not use commas as the auto-calculate function will not work (example - use \$2000 not \$2,000)  
For Apple Mac users, please do not use the "preview" application to open and fill the form, as it might corrupt the file. Instead, download the form, save it and fill it.

EXPECTED EXPENSES for the academic year 2023-24		A		B	C
Enter # of months registered (e.g. 4, 8, or 12): _____		Monthly Allowable Amount		# Months Registered	Total CAD (A x B = C)
<b>1) LIVING EXPENSES</b> (choose one living arrangement type in column A (i.e. No Housing Costs <u>OR</u> Has Housing Costs)		<b>No Housing Costs (e.g. no rent)</b>	<b>Has Housing Costs (e.g. rent, utilities)</b>	As entered above	
Single/separated/divorced		\$696	\$2066	x	\$
Partnered		\$1572	\$2854		
Number of dependent(s) ages 0-12: _____	List age(s) of dependent(s) (e.g. 1, 3, 5): _____	\$397 x # of children	\$673 x # of children	x	\$
Number of dependent(s) ages 13-18: _____	List age(s) of dependent(s) (e.g. 16, 17): _____	\$525 x # of children	\$801 x # of children	x	\$
<b>2) TUITION for 2023-24 (estimate)</b>					
Tuition, incidental, system access & ancillary fees (enter total only e.g. \$7,979.99 CAD)					\$
<b>3) ADDITIONAL EXPENSES</b>					
<input type="checkbox"/>	Day care costs (maximum \$547 per child per month x number of children)	\$ _____ (max \$547) x _____ (# of children)		x	\$
<input type="checkbox"/>	Books & Academic Supplies (enter total only)				\$
<input type="checkbox"/>	Medical & Dental Costs ( <b>not</b> covered by <b>OHIP</b> , <b>UTGSU</b> or <b>UHIP</b> health plans)				\$
Other (specify below – do <u>not</u> include living expenses, e.g. food, household supplies, clothing, transportation, cell phone):					
<input type="checkbox"/>	i)				\$
<input type="checkbox"/>	ii)				\$
<input type="checkbox"/>	iii)				\$
<b>Total Expected Expenses (sections 1 – 3)</b>					\$ _____ CAD

<b>EXPECTED RESOURCES</b> (must be for the same timeframe as the Expected Expenses section)		<b>Total</b>
Student Loan (check one): <input type="checkbox"/> OSAP <input type="checkbox"/> Out-of-province <input type="checkbox"/> U.S. loan <input type="checkbox"/> Other: _____ *Notice of Assessment/Preliminary Assessment must be attached		\$
<b>UTAPS</b> (provide amount from current academic year as an estimate)		\$
Available student line of credit / financial institution loan		\$
Total amount of graduate funding (i.e. base/stipend amount + tuition), which includes Fellowships, RShips, TAships	Enter stipend /base amount (e.g. \$17,500)	\$
	Enter tuition support amount	\$
Other awards (i.e. from external funding sources not part of funding package) – enter total only		\$
Other employment income (net amount after tax deduction)		\$
Funds/support from family member(s)		\$
50% partner's income after tax deduction (i.e. net income ÷ 2). This amount must be provided if partnered expenses are claimed in the Expected Expenses section above.		\$
Child support or government assistance/benefits		\$
Savings / accessible investments / RESP (amount withdrawn for the year only)		\$
<b>Other support/assistance/resources (specify below):</b>		
i)		\$
ii)		\$
<b>Total Expected Resources</b>		\$ _____ CAD
<b>TOTAL FINANCIAL NEED</b> Financial need is normally demonstrated when a negative or small amount (< \$500) appears in this field.		\$ _____ CAD

**Applicant's Declaration and Authorization:** I hereby certify that the foregoing information is, a true, complete and accurate statement of my financial status. I understand I may be required to supply additional documentation if this application is successful and if I am requested to do so.

Signature of Applicant:	Date:
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