



Financial Assistance Application
Self-employment assistance (C2) - ETSC

| |
|-----------------------------|
| For administration use only |
| File number: |

| | | | |
|--|-------------------|---------------|---|
| Client identification | | | |
| Last name, First name | Permanent address | # apt. | City |
| Province | Postal code | Telephone no. | |
| S.I.N. | Gender | Date of birth | Band no. |
| Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Email address | |
| If so, briefly describe the type of disability: | | | |
| Do you require any workplace accommodation? | | | |
| *** Direct deposit *** Provide a specimen cheque for direct deposit | | | |
| Branch | Transit | Folio | Specimen cheque already on file (no changes) <input type="checkbox"/> |

| |
|-----------------------------------|
| Client situation |
| <input type="checkbox"/> Employed |
| Number of hours per week: |
| Employer: |



| | | | |
|---|--|--|---|
| Position title: | | | |
| <input type="checkbox"/> Pending employment insurance | <input type="checkbox"/> Income security | <input type="checkbox"/> Loans and bursaries from a govt. body | <input type="checkbox"/> Régie des rentes |
| <input type="checkbox"/> Disability insurance | <input type="checkbox"/> CNESST | <input type="checkbox"/> QPIP | <input type="checkbox"/> Nil |
| <input type="checkbox"/> Other (specify): | | | |

Project title (name of company)



- Describe the project objectives (explain the nature of your project)

- What products and services will be offered?

- What is your training and/or experience in this field?

- What type of business management experience do you have?

- Have you taken a business start-up training course? If so, which one?

- Where will your business be located?

- Have you applied for financial assistance elsewhere? If so, where and what kind (loan, grant, etc.)?

- Comments
