**ACCESS Community Capital Fund (“ACCESS”)** offers **Foreign Credential Recognition Loans (FCR)** up to $15,000 to individuals who are internationally educated/trained who want to relaunch their careers in Canada.

**Application and Required Documents**

Complete this application and submit:

* Credit report and score from [Equifax](https://www.consumer.equifax.ca/personal/)\*
* [Notice of Assessment from Canada Revenue Agency](https://www.canada.ca/en/revenue-agency/services/about-canada-revenue-agency-cra/understanding-notices-letters/notice-assessment.html) (CRA)\*
* Copies of all your post-secondary credentials (degree, diploma and/or certificates)
* Proof of acceptance for the training, courses or certification program to be taken
* Two (2) valid Photo IDs e.g. Driver’s License, PR Card (front and back) or Notice of Decision
* Proof of residence .e.g. utility bill, lease agreement or bank statement
* Proof of income e.g. pay stubs, bank statements etc.
* Resume

\****If you arrived in Canada recently and have no credit history or Notice of Assessment, we can still assist you.*** **Please contact us if you are not sure.**

Submit the completed application form and supporting documents by email to: **FCR@accessccf.com****.**

**PART ONE: PERSONAL CONTACT INFORMATION**

Complete this section in full and as accurately as possible.

**First and Last** **Name:** Click here to enter text.

**Home Address:** Click here to enter text.

**City:** Click here to enter text.

**Province:** Click here to enter text.

**Postal Code:** Click here to enter text.

**How long at this address?** Click here to enter text.

**Own/Rent (specify):** **Own** [ ]  **Rent** [ ]

**Cell phone:** Click here to enter text. **Home phone:** Click here to enter text.

**Your email address:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Gender:** **Male** [ ]  **Female** [ ]  **Other** [ ]

**Your status in Canada:** **Citizen** [ ]  **Permanent Resident** [ ]  **Convention Refugee/Protected Person** [ ]

**Alternative Contact:** Click here to enter text. **Relationship:** Click here to enter text.

**Email:** Click here to enter text. **Cell phone:** Click here to enter text.

**Professional background e.g. accountant, dentist etc.:** Click here to enter text.

**Post-secondary qualifications (degree, diploma, certificate) from outside Canada?** **Yes** [ ]  **No** [ ]

**Did you get your credentials assessed, e.g. by WES or a regulatory board?** **Yes** [ ]  **No** [ ]

**Have you worked in your professional field or related career outside Canada?** **Yes** [ ]  **No** [ ]

**Have you worked in your professional field or related career in Canada?** **Yes** [ ]  **No** [ ]

**Have you received career advice or counselling in Canada?** **Yes** [ ]  **No** [ ]  **If yes, name of organization:** Click here to enter text.

**Have you applied for a similar loan with another organization or bank? Yes** [ ]  **No** [ ]  If yes, name: Click here to enter text.

**Were you approved for a loan? Yes** [ ]  **No** [ ]  **In process** [ ]

**How did you hear about ACCESS?** Click here to enter text.

**PART TWO: HOUSEHOLD INCOME AND EXPENSES**

**Monthly Household Income***:*

For yourself and anyone else supporting the household e.g. spouse etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of income** | **Yourself** | **Other (specify e.g. spouse):** Click here to enter text. | **Total** |
| **Self-employment/business** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Employment (if more than one job, list total income for all)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Savings**  | **$** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Employment Insurance (EI)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Ontario Works benefits (OW)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Disability benefits (ODSP)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Child Tax Benefit** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Spousal support** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Other income (specify):** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |

**Monthly Household Expenses**

Expenses covered by yourself and/or by anyone else in your household e.g. spouse etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** | **Yourself** | **Other (specify e.g. spouse):** Click here to enter text. | **Total** |
| **Rent/Mortgage (Specify)** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Utilities (hydro, water, gas)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Telephone/mobile** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Food** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Transportation (Transit/car expenses)** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Childcare/Daycare** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Medical** | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Loan payments (specify):** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Line of Credit** | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Credit card balance(s)****Specify number of cards:** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Child support (specify # of children)** Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |
| **Spousal support** |  |  |  |
| **Total monthly expenses**  | **$**Click here to enter text. | **$**Click here to enter text. | **$**Click here to enter text. |

**Assets and Investments**

For yourself and anyone else supporting the household e.g. spouse etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Yourself** | **Other (specify e.g. spouse):** Click here to enter text. | **Total** |
| **Chequing Account (s):** Click here to enter text. | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Investments (e.g. TFSA, RRSP, RESP):** Click here to enter text. | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Real Estate (specify in or outside Canada):**  Click here to enter text. | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Vehicle** | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Equipment (specify):** Click here to enter text. | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Other (specify):**  Click here to enter text. | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
| **Total Assets and Investments** | $Click here to enter text. | $Click here to enter text. | $Click here to enter text. |
|  |  |  |  |
| **Total Monthly Income**  |  | **$** Click here to enter text.  |
| **Total Monthly Expenses** | **$** Click here to enter text. |

**PART THREE: PROFESSIONAL DEVELOPMENT PLAN**

Provide a brief summary of the course or training you will be taking and relevant links: Click here to enter text.

**Courses/Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course/Training Details** | **Start Date** | **End Date** | **Date fees to be paid**  | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Exams**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam Details (Name/Description)** | **Exam date** | **Date results expected** | **Date fees to be paid**  | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Books and Course Materials**

|  |  |  |
| --- | --- | --- |
| **Name of books or course materials needed** | **Course** | **Cost** |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Credential Assessments, e.g. WES or other regulatory boards** (including Language Assessments)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Assessment**  | **Assessing Agency**  | **Date fees to be paid**  | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Professional Association and Membership Fees** (if applicable for your profession)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional Association or Membership** | **Date Membership Starts** | **Date membership ends** | **Date fees to be paid** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Travel Expenses** (only for travel to complete courses or exams)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of travel (e.g. exam or course)** | **Date exam or course to be taken** | **Date of exam or course completed** | **Date fees to be paid** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

**Living Expenses** (based on your monthly expenses, only during the exam or training)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Type of Expense** | **First month required** | **Last month required** | **Details** | **Cost** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |

|  |  |
| --- | --- |
| **Total amount needed** **(**Add the total costs listed in above) | **$**Click here to enter text. |
| **Expected term to repay loan** *(cannot exceed 48 months/4 years)* | ( Click here to enter text.)  |

**Availability for a Loan Interview**

A loan interview will be scheduled after requirements are met. Please list the times you are available for a virtual loan interview (via Zoom) **weekday evenings (after 5pm) and weekends**.

|  |  |
| --- | --- |
| **Monday:** Click here to enter text. | **Tuesday:** Click here to enter text. |
| **Wednesday:** Click here to enter text. | **Thursday:** Click here to enter text. |
| **Friday:** Click here to enter text. | **Saturday:** Click here to enter text. |
| **Sunday:** Click here to enter text. |  |

**References**

Provide three (3) professional references we may contact to verify information provided (not family or friends).

1. **Name:** Click here to enter text. **Relationship:** Click here to enter text. **Email:** Click here to enter text. **Telephone:** Click here to enter text.
2. **Name:** Click here to enter text. **Relationship:** Click here to enter text. **Email:** Click here to enter text. **Telephone:** Click here to enter text.
3. **Name:** Click here to enter text. **Relationship:** Click here to enter text. **Email:** Click here to enter text. **Telephone:** Click here to enter text.

**PART FIVE: APPLICANT DECLARATION AND CONSENT**

I, Click here to enter text. (**applicant’s name)** declare that I am applying for the ACCESS loan in good faith and have provided the required information truthfully to the best of my knowledge.

I agree to provide ACCESS, as part of their eligibility assessment, with my personal information and relevant documents that may be required.

I recognize that, as part of their due diligence, and in order to render a good decision, the ACCESS team will undertake to verify the information provided by me in this application.

I confirm that, in providing personal information of an individual, such as a family member or reference, I’ve obtained their authorization and consent.

I authorize ACCESS to share my personal information with relevant and approved persons (e.g. ACCESS Loan Review Committee Members, ACCESS staff, and Alterna Savings) for the loan assessment and disbursal purposes.

I understand that ACCESS and members of the Loan Review Committee (LRC) have pledged to treat this information with the strictest confidence and will ensure that no person outside the ACCESS staff and volunteers has access to it.

I understand that ACCESS collects, uses and discloses my personal information for: detecting and preventing fraud; compiling statistics, conducting market research and report to regulatory and funding agencies; investigating and settling claims; referring me to financial planning services and other purposes as permitted or required by law, e.g. the checking of a credit report by Alterna Savings.

I understand that the [ACCESS privacy policy](http://accessccf.com/Privacy_Policy) governs the collection, use and disclosure of my personal information.

I consent to being contacted for the purposes of market research related to the ACCESS FCR Loan Program.

I acknowledge that ACCESS, its staff and volunteers will bear no liability, contract or otherwise for any loss, damage or claim, judgement, cost or expense of any kind that I assert or sustain as a result of any advice or services received in connection with this loan application or granting of a loan under the ACCESS Foreign Credential Recognition (FCR) Loans Program.

I agree to indemnify ACCESS, its staff, volunteers and partners, and to hold each harmless from any and all proceedings, damages, and liabilities, directly or indirectly, incurred by or taken, against any of them in connection with this loan application or the granting of such a loan under the ACCESS FCR Loan program.

**Applicant’s Full Name**: Click here to enter text. **Date:** Click here to enter text.