

Candidate Legal Name:

LAW SOCIETY OF ONTARIO LICENSING AND ACCREDITATION 130 QUEEN STREET WEST, TORONTO, ON M5H 2N6 PHONE: 416-947-3315 OR 1-800-668-7380 EXT. 3315 LICENSINGPROCESS@LSO.CA

### LAWYER LICENSING PROCESS

# Repayable Allowance Program Application Form

Please read the following instructions carefully before completing this application form:

Application forms must be submitted at least **30 business days prior to any registration deadline** to allow sufficient time for consideration. Applications received after this deadline will be considered for the next available examination sitting and it will be the candidate's responsibility to defer accordingly with the prescribed form. Meetings are held monthly and decisions are made by the Repayable Allowance Program Committee and communicated to candidates directly via their email address on file. In order to qualify for the Law Society of Ontario's Repayable Allowance Program, you are expected to have exhausted all available student funding options. Please complete this application form electronically, ensure all sections are completed and all applicable supporting documentation is included. Applications will be deemed incomplete and will not be considered if all sections are not filled out or all supporting documentation is not included. Please do not submit an application without the supporting documentation.

Candidate ID#:

Ma	iling Address:					
Day	time Phone Number:	Email:				
1.	Please fill out the required education	information:				
	Type of degree:					
	Degree awarded or expected date:					
	Has the Law Society received your of	ficial final transo	cript? Yes	No		
	If no, please indicate when the transc	ript is to be prov	vided from the	law school or	NCA:	
2.	Please check which items you require funding for:					
	Barrister Licensing Examination:	June	N	lovember	March	
	Solicitor Licensing Examination: Barrister study materials Solicitor study materials Articling Program Law Practice Program Living expenses during the Lice	June ensing Process	N	lovember	March	
3.	Have you secured an articling position	n? Yes	No			
	Term of Service Under Articles:	Start Date:		End	d Date:	
	Firm Name:		City	:		
	Gross Articling Salary (for the above-noted period): \$					
4.	The Law Society of Ontario is commi under-representation in the Ontario le					

Francophone

Mature Candidate

(40 years of age or older)

consideration will be given to individual applicants from these communities. If you are a member of any of these communities and wish this to be taken into consideration in your application, please check the box(es) that apply to

Lesbian/Gay/Bisexual

Women

Transsexual/Transgender

Persons with Disabilities

vou:

Aboriginal

Racialized Community

5.	Spousal Status: Single (includes separated, divorced and v	•			
	Married or common law relationship (oppo	site or sa	me-sex)		
6.	Is your spousal partner a full time student?	Yes	No	N/A	
7.	Spousal partner's expected income from all so	urces for	the period	d of Januar	ry 1 to December 31 of the current year:
	Gross Income: \$	Net Inc	ome: \$		N/A
	<ul> <li>Documentation of a spousal partner's Agency Notice of Assessment). If your most recent Notice of Assessment is re</li> </ul>	partner			
8.	Number of dependants living with you:	Ag	jes:		N/A
	If you are a sole support parent please	provide	a copy of	your Chi	ld Tax Benefit Notice.
	Please attach a letter setting out releva-	ant detail	s where o	dependant	t(s) are 19 years of age or older.
9.	Do you live with someone who is providing any	/ financial	support?	Yes	No
10.	D. Your net income expected from all sources for the period of January 1 to December 31 of the current year:				
	\$ Source(s) of income:				
	,				
A.	Monthly Income				
Мо	nthly Income Source:				
	Net income from work/articling				\$
	Spousal partner's net income				\$
	Child support received				\$
	Spousal support received				
	Government Program (E.I., Child Tax Benefit, C	Ontario W	orks, Fan	nily Benefit	s, Canada Pension, etc.) \$
	(Specify)				
Oth	er Income: (monetary assistance from family, et	tc.)			\$
	(Specify)				
			Total	Monthly	y Income: \$ (A)

# **B. Monthly Expenses**

Home:		
□ Rent □ Mortgage/Taxes	\$	
Utilities (electricity, water, natural gas)	\$	
Telephone	·····-\$	
Vehicle:		
□ Lease □ Loan Payment	\$	
Cost of operating (maintenance, repairs etc.)	\$	
Gas/Parking	\$	
Transit:		
Local Transit	\$	
GO Transit	\$ Household:	
Household:		
Food (meal in)	\$	
Food (meal out)	\$	
Personal supplies	\$	
Debt Payments:		
Credit card payments (attach documentation if payments exceed \$50 per monthbut exclude credit card numbers)	\$	
Student line of credit (interest only)	\$	
Health & Insurance: Life Insurance	<b></b> \$	
Vehicle Insurance	\$	
Dental	\$	
Prescription	\$	
Childcare or Support:		
Childcare	\$	
Child support you pay	\$	
Spousal support paid out	\$	
Other Expenses:		
(Specify)	\$	
Total Monthly Expense	es: \$	(B)

# C. Net Surplus / Deficit

Γotal	Monthly	Income	(A)	\$
t t		(C	٠,	

minus Total Monthly Expenses (B) \$

(C)

- A copy of your most recent Canada Revenue Agency Notice of Assessment must be provided with this application. This application will not be reviewed without this document.
- 11. Provide details of all currently held assets (and that of spouse, if applicable):

Assets	Year Purchased	Purchase Price	Gross Value	Amount Owing	Net Value
Own a home/property					
Co-own a home/property					
Own a Vehicle					
Year:					
Make:					
Model of Vehicle(s):					
Term Deposits					
RRSPs					
Only those RRSP investments which are deemed as completely inaccessible under the Income Tax Act (that is, by law, the investor cannot withdraw the funds until he or she reaches the age of 65 years) are considered "locked in". RRSP that could be accessed with a financial penalty are not considered as "locked in"					
Other Investments (Specify)					
Cash on hand (all bank and other financial ins	titution balance	s)		1	
Other individual assets of \$1,000 value or greater (Specify)					
Total Net Value: \$					

12. Please indicate if you have applied for student funding from a financial institution:	
Yes	
If yes, indicate financial institution:	Amount requested: \$
If you requested funding from a financial institution and it was declined, check here	
If your application for student funding has been declined you must provide writt letter from the financial institution).	en proof (e.g. a current dated
No, I have not applied for funding from a financial institution	
If no, please explain:	
13. Indicate current amount outstanding in:	
Loans from family/friends that must be repaid	\$
Government student loans (e.g. CSL/OSL) 1	
University loans <sup>2</sup>	
Bank/other institutional loans	
Credit Card	
Total Current Amount Outstanding	\$
Please note that you are required to provide proof to the Law Society of outs loans and University loans greater than \$25,000 and may be required to provoutstanding loans.	
14. Have you ever received financial assistance from the Law Society? Yes	No
If yes, detail the total amount: \$	
Date received:	
15. Please state the amount of Repayable Allowance requested on this application up	to \$5,000 per year: \$
(Maximum Repayable Allowance of \$5,000 per calendar year and \$10,000 per Lic	ensing Term)
16. How do you intend to pay your Licensing Process fees if you do not receive a Rep	ayable Allowance? (e.g. self, firm)

<sup>&</sup>lt;sup>1</sup>If the outstanding amount is greater than \$25,000, please provide supporting documentation together with application (e.g. letter [current date] from the National Student Loans Service Centre).

<sup>&</sup>lt;sup>2</sup> If the outstanding amount is greater than \$25,000, please provide supporting documentation together with application (e.g. letter [current date] from the bank, university).

#### APPLICANT'S DECLARATION

I HEREBY DECLARE that the information contained in this application is complete and true in all respects. I understand that the information I have provided may be subject to verification by the Law Society. I further understand that as a Licensing Process candidate of the Law Society of Ontario, a falsified application under this Program or any attempt to mislead the Law Society would be considered a breach of the Rules of Professional Conduct and could lead to my being prevented from entering the legal profession in Ontario and/or any other form of discipline which a Discipline Committee of Convocation may deem appropriate.

In the event this financial assistance application is approved, I agree to sign a Repayable Allowance Agreement for the amount awarded to me by the Law Society of Ontario. I also agree that, on a confidential basis, my name and the general financial circumstances that led to the awarding of the financial assistance may be disclosed to Convocation and the appropriate Bencher Committees.

Date:	Signature:	
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## Please submit the completed application and all supporting documentation to:

Attention: RAP Committee
Licensing and Accreditation Department
The Law Society of Ontario
130 Queen Street West, Toronto, ON M5H 2N6
(416) 947-3416 or 1-800-668-7380 ext. 3416 Fax (416) 947-9070

## Note:

Partial applications will not be accepted. Application forms must be fully completed and all required supporting documents provided before your application will be considered.

Applicants must be active and currently enrolled in the Licensing Process and must be scheduled to sit the Licensing Examination(s) or scheduled to commence the Law Practice Program / Articling Program.

Application forms should be submitted at least **30 business days** prior to your payment deadline to allow sufficient time for consideration. Candidates are not eligible to apply if the scheduled Licensing Examination date or the Law Practice Program / Articling Program start date is more than three months away.

## **Supporting Documentation:**

Please	e indicate all supporting documentation included in your application:
	□ Child Tax Benefit Notice re: proof of dependents (sole-support parent candidates only)
	□ Letter re: dependant(s) 19 years of age or older
	□ Spousal partner's financial statement & most recent Canada Revenue Agency Notice of Assessment
	$\Box$ Credit card statement (if payments exceed \$50 per month). Please remove specific credit card numbers before you submit a statement.
	☐ Most recent Canada Revenue Agency Notice of Assessment
	□ Letter from financial institution declining application for student funding
	□ Letter from government/university verifying outstanding loan amount