



SCHEDULE 1

WAIVER/DEFERRAL OF MEMBERSHIP FEES

DECLARATION OF FINANCIAL HARDSHIP

Institute By-law 7(c) states that "The Membership Committee may waive, remit, or defer, in whole or in part, the fees of any member under any circumstances which in its discretion warrant such action". The Membership Committee has approved guidelines for such treatment of fees in situations where payment of fees would cause, or aggravate, financial hardship. Financial hardship may, but would not automatically, result from an extended interruption of earnings (as in the case of child rearing or job change) or other circumstances. To enable the Institute's Membership Committee to make an informed judgement as to the extent of financial hardship, if any, the following information is required. If the space provided is insufficient additional information may be attached.

Circumstances which have caused financial difficulty:

Action taken or contemplated by the member to remedy the situation:

MONTHLY INCOME:

Family Income	\$ _____
Investment Income	\$ _____
Other Income (savings etc.)	\$ _____
TOTAL INCOME	\$ _____

MONTHLY EXPENSES:

Mortgage/Rent payments	\$ _____
Car Loan	\$ _____
Other Loans	\$ _____
Household Expenses (Heat, Utility, Groceries, etc.)	\$ _____
Other Financial Obligations (credit cards, etc.)	\$ _____
TOTAL EXPENSES	\$ _____

SAVINGS AVAILABLE: \$ _____

Other pertinent information:

Assistance requested (waiver or deferral; in whole or in part):

I declare the above information to be a complete summary of my circumstances and undertake to advise the Institute immediately if my financial situation improves significantly.

Member #: _____

Name: _____

Signature: _____

Date: _____

This declaration, when completed, should be forwarded to the attention of the Director of Regulatory Affairs of the Institute of Chartered Accountants of Nova Scotia. The Director of Regulatory Affairs and the chairperson of the Membership Committee will prepare, from the detailed information, a summary for consideration by the Membership Committee. The identity of the member will not form part of this summary. The number of fee waivers approved by the Membership Committee based on financial hardship is provided to Council for information purposes on an annual basis. Member's names are not provided.

Have you applied for a fee waiver previously? Yes No

If yes, state years: _____ _____ _____

**RETURN TO: The Institute of Chartered Accountants of Nova Scotia
1791 Barrington Street, Suite 1410
Halifax NS B3J 3L1
Fax: (902) 423-4505
Attn: Director of Regulatory Affairs
Private and Confidential**