

Application for Canada-Saskatchewan Integrated Student Loans for Full-Time Post-Secondary Students 2018-19

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only		
Date Received	File No.	Bar Code
	PSE No.	
	App No.	

This application is for programs starting between August 1, 2018 and July 31, 2019. Processing starts in July and takes up to four weeks for paper applications. Submit the completed application to:

Student Service Centre, Ministry of Advanced Education
1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3

Regina: 306-787-5620 Toll Free: 1-800-597-8278 Fax: 306-787-1608
Office hours: Monday to Friday, 8:00 a.m. - 5:00 p.m.

Personal Information

Social Insurance Number (SIN): _____

Date of Birth (dd/mmm/yyyy): _____

Sask. Health Services Number (HSN): _____ No HSN

Gender: Male Female

Legal Surname Name: _____

Legal Given Name: _____

Legal Middle Name: _____

Social Insurance Number (SIN)

We cannot process your application without a valid SIN. If you do not have one, contact Employment and Social Development Canada.

Health Services Number (HSN)

Check the box if you do not have a valid Saskatchewan HSN.

Mailing address and permanent address. Your mailing address is mandatory and your application cannot be processed without it. All notices and documentation will be sent to your mailing address. If we are unable to contact you through your mailing address, your permanent address will then be used.

It is important that you provide all changes to your mailing address or permanent address to ensure all notices and documentation are forwarded to you. Please contact the Ministry of Advanced Education and the National Student Loans Service Centre to update your address.

Mailing Address

Street/Box No.	Apartment No.	
City/Town	Province/State	Country (other than Canada)

Postal Code/Zip Code: _____

Area Code and Home Telephone No.: _____

Area Code and Business Telephone No.: _____

Area Code and Cellphone No.: _____

Email Address: _____

Permanent Address (if different than mailing address)

Check (✓) the box if your mailing address and telephone number are the same as the permanent address.

Street/Box No.	Apartment No.	
City/Town	Province/State	Country (other than Canada)

Postal Code/Zip Code: _____

Area Code and Home Telephone No.: _____

Marital Status

Single Married Common-law Separated Divorced Widowed

If your Marital Status is anything other than single, please include a commencement date (dd/mmm/yyyy): _____

If you checked Married or Common-law, your spouse/partner is required to complete [Appendix C - Spouse of Married/Common-law Applicant](#). If your spouse does not live in Canada, refer to the [Student Loan Instructions](#) for more information.

Marital status
Check “common-law” if you have been living together for at least 12 consecutive months prior to your study period. If you have not been in the common-law relationship for 12 months prior to your study period, refer to the **Instructions**.

Applicant Dependants

List all dependant children on your Saskatchewan Health Services Record living with you full-time as of the date of your application. Refer to the [Student Loan Instructions](#) for exceptions. Please indicate if any of these dependants are permanently disabled and attach verification. This information is required to determine your eligibility for student grants.

First Dependant Child

Legal Given Name	Legal Surname Name
------------------	--------------------

Sask. Health Services Number (HSN): _____ No HSN

Date of Birth (dd/mmm/yyyy): _____

Do you require full-time daycare for this dependant? Yes No

If yes, is daycare subsidized? Yes No

If this dependant is 12 years or older, is he/she permanently disabled? Yes No

Second Dependant Child

Legal Given Name	Legal Surname Name
------------------	--------------------

Sask. Health Services Number (HSN): _____ No HSN

Date of Birth (dd/mmm/yyyy): _____

Do you require full-time daycare for this dependant? Yes No

If yes, is daycare subsidized? Yes No

If this dependant is 12 years or older, is he/she permanently disabled? Yes No

Third Dependant Child

Legal Given Name	Legal Surname Name
------------------	--------------------

Sask. Health Services Number (HSN): _____ No HSN

Date of Birth (dd/mmm/yyyy): _____

Do you require full-time daycare for this dependant? Yes No

If yes, is daycare subsidized? Yes No

If this dependant is 12 years or older, is he/she permanently disabled? Yes No

If you have more than three dependants, refer to the [Student Loan Instructions](#).

Single Student without Dependants

If you are a single student with no dependants and have never been married or lived in a common-law relationship, please review the statements below to determine whether you are a single dependant or single independent student.

- I have been out of Elementary/High School for four years or more (June 2014 or earlier).
- Since leaving Elementary/High School, I have not been a full-time student and I have been employed or seeking employment for two periods of 12 consecutive months.
- My parents are deceased and I have no legal guardian or sponsor.
- None of the above statements apply. Therefore, I am a 'Dependant Student' and information about my parent(s), guardian(s), or official sponsor(s) must be entered in [Appendix B - Parents, Guardians or Sponsors of Dependant Applicants](#) because my parents' income will be considered in determining your financial need.

Foster Child (Ward of Crown)

Are you a current or former foster child (Ward of Crown)? Yes No

Citizenship

Check (✓) the box that best fits your situation.

- Canadian Citizen
- Permanent Resident of Canada
Date in Canada (dd/mmm/yyyy): _____
- Protected Person
Date in Canada (dd/mmm/yyyy): _____

If none of these apply to you, you are not eligible for financial assistance under the Canada-Saskatchewan Integrated Student Loans Program.

Single independent student

Students who are not in full-time study are considered to be in the labour force actively seeking employment, including those in receipt of Employment Insurance Benefits or Social Assistance.

Single dependant student

Parents, Guardians or Sponsors are required to complete Appendix B as their income will be considered in determining your financial need.

Protected Person

Provide a copy of either your Notice of Decision or Verification of Status document and the 900 series SIN letter. Your SIN must not be expired.

Saskatchewan Residency

Check (✓) the box that best fits your situation, as of your study period start date.

- You are a **single dependant student** and **your parents** reside in Saskatchewan or have lived in Saskatchewan for the 12-month period before the first day of your study period.
- You have always lived in Saskatchewan.
- You are a **single independent student** or **single parent student** and you lived in Saskatchewan for the 12-month period before the first day of your study period, excluding time spent as a full-time student in a post-secondary program.
- You are **married** or **common-law** and the last place you or your spouse lived for a 12-month period before the first day of your study period, excluding time spent as a full-time student in a post-secondary program, was Saskatchewan.
- You have completed four consecutive years of post-secondary education in Saskatchewan and this is your fifth consecutive year of study in Saskatchewan.

None of the above statements describe your situation - you will need to apply to another province. For other provincial and territorial student assistance offices, visit *Provincial and Territorial Student Assistance Offices* at www.canada.ca/student-financial-assistance.

Ancestry

Indigenous people are those who identify themselves to be North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit. Based on this definition, do you consider yourself to be of Indigenous ancestry?

- Yes No

If yes, please indicate which group you belong to:

- Métis Non-Status Indian Inuit Treaty/Registered/Status Indian
Treaty Number: _____

Visible minority persons are persons other than Indigenous people, who are people of colour. For example: African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, do you consider yourself to be a visible minority person?

- Yes No

Sask Residency

Your residency is determined by your parents if you are a dependant student; determined by yourself if you are an independent or single parent student; or determined by you or your spouse if you are married or common-law.

Always lived in Sask

If your parents left Sask within the 12 month period before the first day of your study period, but you stayed in Sask to begin or continue your study, you are considered a resident of Sask. Indicate that you have always lived in Sask.

If you are attending school full-time in another province, you will continue to be considered a Sask resident. If you have moved from Sask but you have not been in the workforce for 12 consecutive months, you are considered a resident of Sask. Indicate that you have always lived in Sask.

Students with Permanent Disabilities

This section is voluntary and is used to determine eligibility for student grants.

To be eligible, you must have a permanent disability that restricts your physical and/or mental ability to perform the daily activities necessary to participate fully in post-secondary studies or in the labour force.

Based on this definition, do you consider yourself to be permanently disabled?

Yes No

Indicate the nature of your disability:

- Learning Disability
- Hearing
- Visual
- Speech
- Acquired Brain Injury
- Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
- Pervasive Developmental Disorder (Autism, Neurological)
- Psychiatric or Psychological
- Mobility Impairment
- Other. Please specify: _____

A separate application is not necessary; however, to be considered for disability benefits, you must provide proof of your disability in the form the [Verification of Permanent Disability Form](#) or a of a medical certificate completed by a qualified medical practitioner, or a Learning Disability Assessment (i.e., psycho-educational assessment), or a document proving that you receive federal and/or provincial disability assistance. Permanent Disability documentation should state the functional limitations of your disability and how it affects your studies. Documentation needs to be submitted only once. If you have submitted documentation with a previous loan application, you will not be required to submit it again.

Program Information

If you are attending a Saskatchewan university or a campus of Saskatchewan Polytechnic you must complete the following section. If you are attending any other Saskatchewan institution or an out of province institution, you must have your school complete a separate [Program Information Form](#). Contact your school if you are unsure of your program information or your course load percentage.

To be eligible for assistance, you are required to enroll in 60% of a full course load (40% if permanently disabled). At universities in Saskatchewan, 60% is equal to 9 credit hours/units for each semester.

School Name:

- University of Regina (U of R) Campion College Luther College
 First Nations University of Canada Gabriel Dumont Institute – U of R
 University of Saskatchewan (U of S) St. Peter’s College
 Gabriel Dumont Institute – U of S
 Saskatchewan Polytechnic – Regina
 Saskatchewan Polytechnic – Saskatoon
 Saskatchewan Polytechnic – Prince Albert
 Saskatchewan Polytechnic – Moose Jaw

Program Name (example, Arts): _____

Program Dates: Start Date (dd/mmm/yyyy): _____

End Date (dd/mmm/yyyy): _____

This is your study period. It cannot exceed 52 weeks.

Student ID Number: _____

This program leads to a:

- Certificate Diploma Bachelor’s Degree Master’s Degree PhD

I am enrolling in year ____ of a ____ year program.

I will be attending a Saskatchewan Polytechnic campus and taking ____% of a full course load. (Enter a number between 1-100%. A full course load is 100%).

I will be attending the university and taking a total of ____ course credits/total # of hours/units.

I am taking the majority of this program by correspondence, distance education or internet/web studies. Yes No

Year of program

If you are in your second year of a degree program, you would enter year 2 of a 4 year program.

Credit hours/units

Make sure you declare the total credit hours/units for both semesters. Typically, one course delivered over one session/semester is considered a 3 credit hour/unit course. Remember if you are applying for Fall and Winter sessions/semesters, make sure your total number includes all hours/units for all courses registered in for both sessions/semesters.

Education History

Elementary/High School Education

Enter the last date you attended

Elementary/High School full-time (dd/mmm/yyyy): _____

Name of School: _____

Location of School (City/Province): _____

Accommodation

Your study period is the time you will be enrolled as a full-time student for the upcoming academic year. See [Program Information](#) for your study period.

Check (✓) the box that best fits your living situation during the **majority** of your study period (the time you will be enrolled as a full-time student).

- I will be living at my family home
- I will be living away from my family home

Will your residence while attending school be located in the same city/town as your family home? Yes No

If No, indicate the distance in kilometres one way: _____ km

Applicant Study Income

In order to determine your student assistance, only two income items are relevant during your entire study period. Enter the Total (not monthly) gross income before deductions you expect to receive for Scholarships/Bursaries and Educational Funding. Refer to the [Student Loan Instructions](#) for a list of scholarships/bursaries and educational funding.

- Check (✓) the box if you will not have any income to report during your study period.

Type of Income	Study Gross Income
Scholarships/Bursaries	\$
Educational Funding (Note: Educational Funding is not the amount of your student loans or grants. Do not include Post-Secondary Student Support Program, i.e., Indigenous Band Funding, etc.)	\$

Your income from 2017 tax year will be obtained directly from Canada Revenue Agency to calculate contributions and determine eligibility for grants. If you did not file 2017 income tax return, enter your total gross income from all sources for the entire 2017 calendar year. If you did not have any income from any source in 2017, enter "0": \$ _____

Elementary/ High School

If you are unsure of the last day of elementary/high school you attended, use the last day of the month.

Family home

If you are single with no children, family home means living with your parents. If you are married, family home means living with your spouse. If you are a single parent, family home means living with your children.

Kilometre distance

This question determines if you are eligible for a commuting allowance or a return transportation allowance to your family home.

If the educational institution you are attending is within 25 km of the family home and you are a dependant or married/ common-law student, you will be assessed as living at your family home.

If you have been out of school for 10 or more years and your income for the current year will be less than 2017 income, enter the estimated amount of gross income from all sources for the entire 2018 calendar year. We will use this income to determine grant eligibility. \$_____

Non-Repayable Grants and Repayable Loans

Your application for a Canada-Saskatchewan Integrated Student Loan will be assessed for a mixture of non-repayable grants and repayable loans.

If you so choose, you may request to only receive non-repayable grant funding and decline repayable loan funding. Select “Yes” if you want only the grant funding (you do not want any loans). Select “No” if you want both grants and loans funding.

Yes No

Note: if you choose to receive only grant funding and, in the future, you need to access loan funding, you can contact the Student Service Centre and seek a reassessment and receive the loan funding you are entitled to.

Applicant Consents, Authorizations and Agreements

Signature must appear in both areas in ink.

Applications not signed and dated will not be processed.

Information regarding your application or assessment cannot be released to anyone but you. If you wish your spouse or your parents/guardians to have access to this information, you must complete the Consent to Release Information form and submit it with your application.

I apply for Student Financial Assistance under the *Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan.

DECLARATION:

I declare that I have answered all questions on this application and each subsequent application for which assistance is requested according to the instructions and my answers and documents I have provided, or will provide in the future, in support of this application and subsequent applications, are to the best of my information and belief, true in every respect.

I declare that I have not applied for, nor am I receiving, Student Financial Assistance from more than one province or country in this same academic period.

I declare that I will use any Student Financial Assistance provided to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies.

I make these declarations knowing it is an offence under *The Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, to knowingly make any false statement or representation in an application and each subsequent application or other document or to furnish any false or misleading information or documentation.

AGREEMENT AND REPORTING REQUIREMENTS:

I agree to promptly notify the Saskatchewan Ministry of Advanced Education in writing of any changes, including but not limited to my name, address, marital status, family size, educational institution, course load, program of study, income, expenses and assets, as they occur.

I agree to promptly provide all information and documentation required by the Minister of Saskatchewan Advanced Education and his/her designate(s), to verify or audit my entitlement to Student Financial Assistance.

I agree that I may be required to immediately repay all or part of the assistance I receive if my assessment is found to be inaccurate, even if such inaccuracy is a result of an inadvertent error on my part or on the part of my spouse, my parents, my institution, or the Saskatchewan Ministry of Advanced Education.

I agree that Canada may directly remit all or a portion of my Student Financial Assistance to my Educational Institution where my Educational Institution requests payments of my academic fees.

I understand that if I cease to be eligible for funding, I assign any refund I will be eligible to receive to be paid to the National Student Loans Service Centre to be applied to my outstanding loan balance.

INFORMATION CONSENTS:

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, credit reporting agency, or by any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), of any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) requested by the Province of Saskatchewan for any purpose respecting the administration of Student Financial Assistance for my benefit by the Saskatchewan Ministry of Advanced Education or its successors.

I further consent to the Minister of Saskatchewan Advanced Education or his/her designate(s) to release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) for any purpose respecting the administration of Student Financial Assistance.

I understand and consent to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) being stored in the Government of Saskatchewan's Student Financial Assistance System and used to administer other financial assistance programs or benefits for which I may be eligible.

X _____
Signature of Applicant

Date

Canada Revenue Agency Release

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Advanced Education, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility and entitlement to Student Financial Assistance under the *Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, and will not be used or disclosed to any other person or organization without my approval. This later authorization is valid for the:

- taxation year prior to the year of signature; and
- the current taxation year; and
- each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.

X _____
Signature of Applicant

Date

Social Insurance Number

Appendix B

Parents, Guardians, or Sponsors of Dependant Applicants

2018-19

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only	
Date Received	File No. <input type="text"/>
	PSE No. <input type="text"/>
	App No. <input type="text"/>

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:

Legal Surname Name of Applicant: _____

Legal Given Name of Applicant: _____

Social Insurance Number (SIN): _____

Parental Information

The term “parent” refers to a biological parent, step-parent, or adoptive parents. All references to parents also apply to guardians and sponsors. If you are separated or divorced, the custodial parent is the parent with whom the applicant normally resides and only the information of this parent is required. If the step-parent has legally adopted the applicant, the step-parent is required to complete the information for Parent #2.

Parent #1

Social Insurance Number (SIN): _____ No SIN

Date of Birth (dd/mmm/yyyy): _____

Gender: Male Female

Legal Surname Name: _____

Legal Given Name: _____

Legal Middle Name: _____

Mailing Address

Check (✓) the box if your mailing address and telephone number are the same as the applicant's permanent address.

Street/Box No. _____ Apartment No. _____ City/Town _____

Province/State _____ Country (other than Canada) _____ Postal Code/Zip Code _____

Area Code and Home Telephone No.: _____

Relationship to Application. Check (✓) the appropriate box:

Parent Guardian Step-Parent Sponsor

Marital Status: Single Married Common-law Separated Divorced Widowed

If your Marital Status is anything other than single, please include a commencement date (dd/mmm/yyyy): _____

Refer to the [Student Loan Instructions](#) if parents are divorced.

Parent #2

Social Insurance Number (SIN): _____ No SIN

Date of Birth (dd/mmm/yyyy): _____

Gender: Male Female

Legal Surname Name: _____

Legal Given Name: _____

Legal Middle Name: _____

Relationship to Application. Check (✓) the appropriate box:

Parent Guardian Step-Parent Sponsor

Parental Income

Your parents' income from 2017 tax year will be obtained directly from Canada Revenue Agency to calculate parental contributions and determine eligibility for grants. If your parent(s) did not file 2017 income tax return, enter your parents' total gross income from all sources for the entire 2017 calendar year.

If your parent(s) did not have any income from any source in 2017, enter "0".

Parent #1: \$ _____ Parent #2: \$ _____

Check (✓) the box if your parents' income will substantially decrease in 2018. A [Reduced Income Statement](#) will be sent to you.

Parental Dependants

For the purposes of determining family size in assessing the parental contribution, a dependent child is:

- A child, including an adopted child, a step-child or a wholly dependent person;
- 18 years or younger;
- Wholly dependent on their parents for support; and
- In the custody and control of their parents, in law or in fact.

A child over the age of 18 is also considered dependant if they are in full-time attendance at secondary school or at a post-secondary institution; and:

- Have never been married or lived in a long-term common-law relationship (at least 12 months); and
- Do not have any dependant children; and
- Have not been out of secondary school for four year (48 months) or more; or
- Have not been in the workforce for two periods of 12 consecutive months.

Enter the number of dependant children living in the parent's household, **excluding the applicant**.

Number of parental dependants under the age of 23: _____

For the number of parental dependants above, how many are also in post-secondary or adult basic education: _____

2017 income

Based on total income, students may be eligible for additional assistance through the student grants for low- and middle-income families.

Reduced Income Statement

This statement is used only when there is a parental contribution expected.

Declaration by Parents, Guardians or Sponsors

Signature of each parent (if two-parent family) must appear in ink. Applications not signed, dated, or missing SIN number will be returned causing delays in the processing of this application.

I declare that I have answered all questions on this application and each subsequent application for which assistance is requested by my applicant dependant according to the instructions and my answers and documents I have provided, or will provide in the future, in support of this application and subsequent applications by my applicant dependant, are to the best of my information and belief, true in every respect.

I make these declarations knowing it is an offence under *The Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, to knowingly make any false statement or representation in an application and each subsequent application or other document or to furnish any false or misleading information or documentation.

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, or by any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), of any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) requested by the Province of Saskatchewan for any purpose respecting the administration of Student Financial Assistance for the benefit of my applicant dependant by the Saskatchewan Ministry of Advanced Education or its successors.

I further consent to the Minister of Saskatchewan Advanced Education or his/her designate(s) the release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government department, or crown corporation), any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*), for any purpose respecting the administration of Student Financial Assistance for the benefit of my applicant dependant.

I understand and consent to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) being stored in the Government of Saskatchewan's Student Financial Assistance System and used to administer other Student Financial Assistance programs or benefits for which I may be eligible.

X _____
Signature of Parent #1

Date

X _____
Signature of Parent #2

Date

Canada Revenue Agency Release

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Advanced Education, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my applicant child's eligibility and entitlement to Student Financial Assistance under *The Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, and will not be used or disclosed to any other person or organization without my approval. This later authorization is valid for the:

- a. taxation year prior to the year of signature; and
- b. the current taxation year; and
- c. each subsequent consecutive taxation year, for which assistance is requested by my dependant.

X _____
Signature of Parent #1

Date

Social Insurance Number

X _____
Signature of Parent #2

Date

Social Insurance Number

Appendix C

Spouse of Married/Common-Law Applicants

2018-19

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only	
Date Received	File No.
	PSE No.
	App No.

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:

Legal Surname Name of Applicant: _____

Legal Given Name of Applicant: _____

Social Insurance Number (SIN): _____

Spousal Information

Social Insurance Number (SIN): _____ No SIN

Date of Birth (dd/mmm/yyyy): _____

Sask. Health Services Number (HSN): _____ No HSN

Gender: Male Female

Legal Surname Name: _____

Legal Given Name: _____

Legal Middle Name: _____

Mailing Address

Check (✓) the box if your mailing address and telephone number are the same as the applicant's permanent address.

Street/Box No. _____ Apartment No. _____ City/Town _____

Province/State _____ Country (other than Canada) _____ Postal Code/Zip Code _____

Area Code and Home Telephone No.: _____

Study Period Information

Check (✓) the box if your spouse will be attending school during the majority of your study period. If not applicable, check 'Not in School'.

- Not in school
- Attending Post-Secondary School Full-time
- Attending High School Full-Time
- Attending Adult Basic Education (upgrading) Full-Time
- Check (✓) the box if your spouse will be applying for full time student loans and indicate the dates your spouse will be attending school.

Start Date (dd/mmm/yyyy): _____

End Date (dd/mmm/yyyy): _____

Spousal Study Income

To determine if your spouse can contribute to your study period expenses, answer the following questions.

Is your spouse in receipt of Employment Insurance during your study period? Yes No

Is your spouse in receipt of Social Assistance (i.e., Saskatchewan Assistance Program, Transitional Employment Allowance, federal social assistance program) during your study period? Yes No

Is your spouse in receipt of Disability Benefits (i.e., Saskatchewan Assured Income for Disability, Canada disability benefits) during your study period? Yes No

Your spouse may be asked to confirm receipt of benefits. Keep all statements of benefits.

Your spouse's income from 2017 tax year will be obtained directly from Canada Revenue Agency to calculate the contributions and determine eligibility for grants. If your spouse did not file 2017 income tax return, enter your spouse's total gross income from all sources for the entire 2017 calendar year. If your spouse did not have any income from any source in 2017, enter "0": \$ _____

If you have been out of school for 10 or more years and your spouse's income for the current year will be less than 2017 income, enter the estimated amount of gross income from all sources for the entire 2018 calendar year. We will use this income to determine grant eligibility. \$ _____

Declaration by Spouse

Signatures must appear in ink. Applications not signed or dated will be returned causing delays in the processing of this application

I declare that I have answered all questions on this application and each subsequent application for which assistance is requested by my applicant spouse according to the instructions and my answers and documents I have provided, or will provide in the future, in support of this application, and subsequent applications by my applicant spouse are to the best of my information and belief, true in every respect.

I make these declarations knowing it is an offence under *The Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, to knowingly make any false statement or representation in an application and each subsequent application or other document or to furnish any false or misleading information or documentation.

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, or by any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), of any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) requested by the Province of Saskatchewan for any purpose respecting the administration of Student Financial Assistance for the benefit of my applicant spouse by the Saskatchewan Ministry of Advanced Education or its successors.

I further consent to the Minister of Saskatchewan Advanced Education or his/her designate(s) to release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government department or crown corporation), any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) for any purpose respecting the administration of Student Financial Assistance for the benefit of my applicant spouse.

I understand and consent to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) being stored in the Government of Saskatchewan's Student Financial Assistance System and used to administer other Student Financial Assistance programs or benefits for which I may be eligible.

X _____
Signature of Spouse

Date

Canada Revenue Agency Release

I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Advanced Education, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my applicant spouse's eligibility and entitlement to Student Financial Assistance under *The Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan, and will not be used or disclosed to any other person or organization without my approval. This later authorization is valid for the:

- a. taxation year prior to the year of signature; and
- b. the current taxation year; and
- c. each subsequent consecutive taxation year for which assistance is requested by my spouse or on my spouse's behalf.

X _____
Signature of Spouse

Date

Social Insurance Number