

Full-Time Student – Appendix C: Spouse of Married/Common-Law Applicants 2020-21

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 2019 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 2019 income tax return, enter your spouse's total gross income from all sources for the entire 2019 calendar year. If your spouse did not have any income from any source in 2019, 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 2019 income, enter the estimated amount of gross income from all sources for the entire 2020 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