

Part-Time Student – Appendix C: Spouse of Married/Common-Law Applicants 2021-22

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

Applicant Information

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.: _____

Spousal Study Income

Your spouse's/common-law partner's resources will be determined based on line 150 of their 2020 Income Tax Return as well as your 2020 Canadian non-taxable foreign income, if any. You must submit a copy of your spouse's/common-law partner's 2020 Notice of Assessment to determine eligibility for grants. If they have had no income, they must submit documentation explaining this situation.

Total Income \$ _____

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:

- 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 my spouse or on my spouse's behalf.

X _____
Signature of Spouse Date Social Insurance Number