Provincial Training Allowance – Change in Information/Reassessment

Student Service Centre

1120 - 2010 12th Avenue Regina SK S4P 0M3 (306) 787-5620 1-800-597-8278 Fax: (306) 787-0760

File No. Office use only		rax. (306) 767-0760
Learner's PSE #		
Full Name as it appears on o	riginal application (please print):	
Last Name	First Name	Middle Name
Name Change New Name (please print):		
separation agreement; OR a married, please submit a cop Spouse of Married/Common Report any change to depen	a completed Change in Marital Status. By of your marriage certificate along wi	Middle Name s due to separation, please include a legal If name change is due to becoming legally th completed Section 3 of the Application, estions 4 and 6 of this form.
Apt # Street/Box No.	Postal C	rode
	, Saskatchewan.	
City/Town		
Telephone including Area Code		
Email		
Date of Change:	lonth Year	
3. Living Situation. Check ()	o indicate yes or no.	
Yes No I will be living in the	e family home where my parents or spouse	e/children reside.
Yes No My residence while parents or spou		ted in the same city/town as the family home where my
Date of Change:	Month Year	



4.	Full-Time Dependent Children																				
	List changes being made to your ful outlined in the instructions) who live	ll-time de _l																		ideli	nes
	(fewer than 15 days of the month).	Indicate the number of days per month the child lives with you	:																		
														Does this child need childcare			s daycare ubsidize				
	Dependent's Last Name and First Name	<u> </u>	Sask.	Sask. Personal Health No. Birth Date												╄					
											day		mont	h		year			Yes	\models	Yes
		<u> </u>	igspace		\perp					4							1		No	╘	No
											day		mont	h		year		<u> </u>	Yes		Yes
			١,		ī	1		ı				ı		- 1			,	L	No]No
											day		mont	th		year	•		Yes No	F	Yes No
If your dependent(s) does not have a Saskatchewan Personal Health Number provide an explanation of number. If more space is required, attach a separate sheet stating all of the above information.								of v	vhy t	hey	do not	hav	e a								
*If dependent is part-time, child care will not be allowed.																					
	Day Month Date of Change:	Year																			
	NOTE: If changes are to parental d COMPLETED.	lependeni	ts, th	e P	AR	?EN	TAL	S	ECT	101	V ON	TF	HE A	PPL	.IC	ATIO	ON I	MU	ST BE		
	Income Check (✔) one or both Day Month	Learner Year			Spo	ouse	е														
	Date of Change:																				
	TOTAL NEW AMOUNT: \$		_																		
	Employer Information (If mo	ore than o	no oi	mnle	01/0	N 2	ttac	h ti	ho a	ddif	ional	inf	orm	ation	1) /6	enou.	150 (nlv	7)		
	Name of Employer		ne er	пріс	уе	;, a	llaci	II U	ie ac	aan	ioriai	1111		eet Ac	<i>,</i> .	<u> </u>	ise c	יוווע	,		
	Traine or Employer												5.11								

Province/State

Phone Number and Area Code

City/Town

Learners are not required to declare full-time,	part-time or self-er	nployme	nt income earned during the study period.
No income other than Provincial Training	Allowance		
NOTE: If more than one income has changed Number 8 below.	l for either the learr	ner or sp	ouse, provide the amount(s) for each person on
Part-time Employment (Spouse Only) Self-Employment (Gross minus Operatin Expenses) (Spouse Only) Employment Insurance (EI) Benefits/HRS Survivor/Old Age/Retirement/Disabled Book Alimony Support Investment Interest/Dividend Aboriginal Affairs and Northern Developm Scholarships/awards/fellowships. Specify RESP/Scholarship Trust Fund or other E	SD Income enefits nent Fund	Onl Inco Rese Work Child Orph India	I-time Employment (Spouse by) Rental/Room & Board come ettlement Assistance/Immigration Funding kers' Compensation d Support can's/Disabled Child Benefits an Band Funding aries, Specify
Specify	adoditorial i driding		er Educational Funding/Training Allowance
Transition Employment Allowance TEA (Other Income, please specify:			
Assets Check (✓) the asset information y	ou are updating an	d provide	e the requested information.
Cash (account balance as of the first day of	your program).	NEW AM	IOUNT: \$
first day of your pre-study period alor			nent showing the balance in your account as of the nonthly bills outstanding as of that date.
RRSP Name of RRSP	Purchase Date		Current Market Value
Name of KKor	Day Month	Year	\$
Investment			
Name of Financial Investment	Purchase Date		Current Market Value
	Day Month	Year	
7. Spouse will be a full-time student an Student Loans Provincial Training Allowance 8. Additional Information if necessary:	Day	Month Start Date	Year Day Month Year I I I I I I I I I I I I I I I I I I I

NOTE: CHANGES MUST BE AUTHORIZED BY A SIGNING AUTHORITY AT THE TRAINING CENTRE.

Name of Training Centre and address where c	opy of PTA results can be mailed:	
Training Centre Signing Authority:	Learner's Signature:	
XSignature		
Date	Date	

Signing Authority must be documented by PTA Unit