

Appendix B

Parents, Guardians, or Sponsors of Dependent Applicants

2017-18

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): _____

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.: _____

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): _____

Sask. Health Services Number (HSN): No HSN

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

To determine expected contributions and eligibility for assistance, your parents' income from the 2016 tax year will be obtained directly from Canada Revenue Agency. If your parent(s) did not file a 2016 income tax return, enter your parent's total gross income for the entire calendar year 2016. If your parent did not have any income from any source in 2016, enter '0'.

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

Check (✓) the box if your parents' income will substantially decrease in 2017. A [Reduced Income Statement](#) will be sent to you.

2016 income
Based on total income, students may be eligible for additional assistance through the student grants for low- and middle-income families.

Parental Dependents

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 dependent 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 dependent 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 dependent children living in the parent's household, **excluding the applicant.**

Number of parental dependents under the age of 23: _____

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

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 dependent 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 dependent, 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 dependent 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 dependent.

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 dependent.

X _____
Signature of Parent #1

Date

Social Insurance Number

X _____
Signature of Parent #2

Date

Social Insurance Number