

# PARENTAL CONTRIBUTION REVIEW



This form can be used by **dependent students** requesting that their parental contribution be reviewed.

If it is expected that there will be a decrease of at least 5% in combined gross income (line 150) for the 2017 taxation year (January 1<sup>st</sup> to December 31<sup>st</sup>, 2017) than that declared on the 2016 Income Tax Return, complete this form.

## STUDENT'S INFORMATION

Social Insurance Number	Student's First Name	Student's Last Name
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Provide proof of all expected income for the 2017 taxation year (January 1<sup>st</sup> to December 31<sup>st</sup>). Include income from **all** sources. The total expected income should be the amount your parent(s) expect to declare on line 150 of their 2017 Income Tax Return. If there is an expected change to only one parent's income, enter "no change" for the other parent.

## DEPENDENT STUDENT'S PARENT(S)/STEP-PARENT(S)/GUARDIAN(S)

	Parent/ Step-parent/Guardian	Parent/ Step-parent/Guardian
Social Insurance Number	_____	_____
Total gross income from January 1 <sup>st</sup> , 2017 to the date you complete this form – <b>proof is required*</b> .	\$ _____	\$ _____
Total gross income expected from the date you complete this form to December 31 <sup>st</sup> , 2017 – <b>proof is required, if available*</b> .	\$ _____	\$ _____
Total expected income for the 2017 taxation year.	\$ _____	\$ _____

\* Acceptable proof: A letter from employer(s), a letter from the federal government verifying amount and duration of any employment insurance benefits, or supporting documentation from any other sources of income. If proof is not provided, this review cannot be processed.

## DECLARATION AND REQUIRED SIGNATURES

*I declare that the information provided on this form is accurate and complete. I understand that the information submitted is subject to verification and audit.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of Parent(s)/Step-parent(s)/Guardian(s)

