## **FIXED PARTNER CONTRIBUTION REVIEW**



This form can be used by married/common-law students requesting that their fixed partner contribution be reviewed.

STUDENT APPLYING FOR STU	DENT FINANCIAL ASSIST	ANCE		
Social Insurance Number	Student's First Name		Student's Last Name	
'ARTNER'S INFORMATION				
Social Insurance Number	Partner's First Name		Partner's Last Name	
our partner's contribution may be so a full-time student, or is in rec  Will your partner be a full-time study for which you are applying the study for the study for which you are applying the study for the study	eipt of Employment Insural student at a post-secondang?	nce, Social Assis	tance or federal/provincia	Il disability benefits
Name of educational institution	<u> </u>	<u> </u>		
Program of study Period of study start date	/ / /Y MM DD	Period of stud	y end date /	/ 1 DD
Will your partner receive any applying?  No go to question 3				•
·	t of Employment Insurance From / / YYYY MM D	e. To _	/ / YYYY MM DD	
Your partner is in receip Effective dates:		To _	/ / YYYY MM DD	
	t of federal or provincial dis From // / YYYY MM D		. / / 	



expects to declare on line 150 of their 2017 Income Tax Return.

income information below. Provide proof of all expected income for your partner 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 partner

Total gross income from January 1 <sup>st</sup> , 2017 to the date you complete this for required*.	<u>\$</u> <u>\$</u>	
Fotal gross income expected from the date you complete this form to Decer proof is required, if available*.		
Fotal expected income for the 2017 taxation year.	<u>\$</u>	
Acceptable proof: A letter from employer(s), a letter from the federal government verifying am supporting documentation from any other sources of income. If proof is not provided, this review	nount and duration of any emp w cannot be processed.	loyment insurance benefits, o
DECLARATION AND REQUIRED SIGNATURES		
I declare that the information provided on this form is accurate and consubmitted is subject to verification and audit.	omplete. I understand t	hat the information
Signature of Student	Date	
For Married/Common-law Students		
Signature of Partner	Date	