FIXED PARTNER CONTRIBUTION REVIEW



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

Note: If you are receiving the maximum amount of funding available under the program, your Notice of Assessment will indicate this above the funding table. If this is your situation, a fixed partner contribution review is not possible as additional funding cannot be issued to you.

STUDENT APPLYING FOR STUDENT FINANCIAL ASSISTANCE

Social Insurance Number	Student's First Name	Student's Last Name
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PARTNER'S INFORMATION

Social Insurance Number	Partner's First Name	Partner's Last Name
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Your partner's contribution may be reduced if, at anytime during the period of study for which you are applying, he/she is also a full-time student, or is in receipt of Employment Insurance, Social Assistance or federal/provincial disability benefits.

1. Will your partner be a full-time student at a post-secondary educational institution during any part of the period of study for which you are applying?

No - go to question 2 Yes - provide details of your partner's period of study below

Name of educational institution	ion							
Program of study								
Period of study start date		/ 	/ DD	_	Period of study end date	 / MM	/ DD	-

- 2. Will your partner receive any of the benefits listed below during any part of the period of study for which you are applying?
 - No go to question 3 Yes select (\checkmark) the statement below that applies to your partner's situation
 - Your partner is in receipt of Employment Insurance. From <u>/ / /</u> To <u>/ / /</u> YYYY MM DD YYYY MM DD Effective dates:

Your partner is in receipt of Social Assistance.
 From
 /
 /
 To
 /
 /

 YYYY
 MM
 DD
 YYYY
 MM
 DD
 Effective dates:

 Your partner is in receipt of federal or provincial disability payments.

 Effective dates:
 From
 /
 /
 To
 /
 /

 YYYY
 MM
 DD
 YYYY
 MM
 DD

3. If it is expected that there will be a decrease of at least 5% in your partner's gross income (line 150) for the 2018 taxation year (January 1st to December 31st, 2018) than that declared on the 2017 Income Tax Return, complete the income information below. Provide proof of all expected income for your partner for the 2018 taxation year (January 1st to December 31st). Include income from **all** sources. The total expected income should be the amount your partner expects to declare on line 150 of their 2018 Income Tax Return.



\$
\$
\$

* 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

Date

For Married/Common-law Students

Signature of Partner