Saskatchewan Ministry of Advanced Education, Employment and Immigration

Student Financial Assistance
200 - 3303 Hillsdale Street
Regina SK S4S 6P4
(306) 787-5620
1-800-597-8278
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Change in Information/ Reassessment

Canada-Saskatchewan Integrated Student Loans Program

File No. For Office Use Only

Social Insurance No. _____

Post Secondary Education Number _____

Full Name as it appears on original application *(please print):*

Last Name First Name Middle Name

1. Name Change

New Name (*please print*):*

Last Name First Name Middle Name

NOTE:** You must submit proof of name change. *If name change is due to separation please include a legal separation agreement;* ***OR *a completed* ***Statutory Declaration - Separation.*** *If name change is due to becoming legally married, please submit a copy of your marriage certificate along with completed* ***Section 3 - Spousal Section****. Report any change to dependent children and spousal assets in questions 4 and 6.*

2. Address (include postal code, phone number and e-mail address):

Is this a new address? ❑ Yes ❑ No

Apt # Street/Box No.

City/Town Prov/State Country (other than Canada)

Postal Code/Zip Code Area Code & Home Telephone

Email Address

Date of Change: Day Month Year

3. Living Situation. *Check (✔) if applicable*

Pre-Study Period

❒ Yes ❒ No During my pre-study period, I have living expenses to maintain both at my residence located at my school and a residence at my place of employment.
If Yes, please submit copies of your rent receipts for both locations during this time period.

While in School

❒ Yes ❒ No I will be living at my family home where my parents or spouse/children live.

❒ Yes ❒ No My residence while attending school will be located in the same city/town as my family home where my parents or spouse/children live.
If no, indicate the distance in kilometers one way: _____

Date of Change: Day Month Year

4. Full-Time Dependent Children

List changes being made to your full-time dependent children under the age of 19 years (or over 18 as per guidelines outlined in the instructions) who live with you FULL-TIME (15 or more days of the month) and PART-TIME* (14 or less days of the month).

Dependent's Last Name and First Name	Check (✔) if you have full-time custody *If Part-time, indicate number of days per month child lives with you*	Sask. Personal Health No.	Birth Date	*Do you require childcare?*	*Is childcare subsidized?*
			day month year	❑ Yes ❑ No	❑ Yes ❑ No
			day month year	❑ Yes ❑ No	❑ Yes ❑ No
			day month year	❑ Yes ❑ No	❑ Yes ❑ No

If your dependent(s) does not have a Saskatchewan Personal Health Number provide an explanation of why they do not have a number. If more space is required, attach a separate sheet stating all of the above information.

*If dependant is part-time, childcare will not be allowed.

Date of Change: Day Month Year

NOTE: *If changes are to parental dependents, the PARENTAL SECTION ON THE APPLICATION MUST BE COMPLETED.*

5. Income *Check (✔) one:* ❒ Student ❒ Spouse

Date of Change: Day Month Year

Type of Income. *Check (✔) one:*

❒ Pre-study period income
NEW AMOUNT: $ _____

❒ Study period income
NEW AMOUNT: $ _____

Employer Information *(If more than one employer, attach the additional information)*

Name of Employer	Street Address	
City/Town	**Province/State**	**Phone Number and Area Code** - -

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Name of Employer	Street Address	
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Students are not required to declare full-time, part-time or self-employment income earned during the study period.

NOTE: *If more than one income has changed, provide the amount for each type of income.*

- ❒ Part-time Employment (spouse only)
- ❒ Self-Employment (Gross minus Operating Expenses) (spouse only)
- ❒ Employment Insurance (EI) Benefits/HRSDC Income
- ❒ Survivor/Old Age/Retirement/Disabled Benefits
- ❒ Alimony Support
- ❒ Investment Interest/Dividend
- ❒ Indian and Northern Affairs Allowance (INAC)
- ❒ Scholarships/awards/fellowships. Specify _____
- ❒ RESP/Scholarship Trust Fund or other Educational Funding Specify _____
- ❒ Other Income. Specify _____
- ❒ Full-time Employment (spouse only)
- ❒ Income from Rental Property/Room & Board Income
- ❒ Resettlement Assistance/Immigration Funding
- ❒ Workers' Compensation
- ❒ Child Support
- ❒ Orphan's/Disabled Child Benefits
- ❒ First Nations Funding
- ❒ Transitional Employment Allowance (TEA)
- ❒ Bursaries. Specify _____
- ❒ Other Educational Funding/Training Allowance
- ❒ Social Assistance

6. Assets *Check (✔) the asset information you are updating and provide the requested information.*

❒ Cash (account balance as of the first day of your pre-study period). **NEW AMOUNT:** $ _____

NOTE: For verification purposes, please submit a copy of your bank statement showing the balance in your account as of the first day of your pre-study period along with a letter outlining your monthly bills outstanding as of that date.

❒ RRSP

Name of RRSP	Purchase Date	Current Market Value
	Day Month Year	$ .00

❒ Investment

Name of Financial Investment	Purchase Date	Current Market Value
	Day Month Year	$ .00

7. Spouse will be a full-time student and has applied for:

- ❒ Student Loans
- ❒ Provincial Training Allowance

Start Date: Day Month Year

End Date: Day Month Year

8. Comments. Additional Information.

_____

_____

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_____

(continued on next page)

_____

Applicant Declaration

I declare that the information provided in this Change of Information/Reassessment form is true and complete in every respect.

I understand that any information that I provide is subject to review and assessment by the Minister in accordance with the *Canada Student Financial Assistance Act* and *The Student Assistance and Student Aid Fund Act, 1985* of Saskatchewan.

I understand that this Change of Information/Reassessment form supplements, amends and forms part of my Original Application and that the declarations and consents that I provided in the Original Application apply to this Change of Information/Reassessment form and to the personal information that I have provided in this form.

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 or other document or to furnish any false or misleading information or documentation.
I agree to promptly provide all information and documentation required by the Minster of Saskatchewan Advanced Education, Employment and Immigration and his/her designate(s), to verify or audit my entitlement to student financial assistance.

I agree that I may be denied financial assistance or required to immediately repay all or part of the assistance I receive if my assessment is found to be inaccurate, even if such inaccuracy is a result of an inadvertent error on my part or on the part of my spouse, my parents, my institution, or the Saskatchewan Ministry of Advanced Education, Employment and Immigration.

Signature of Applicant	Social Insurance Number	Day Month Year Date Signed