

PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN INFORMATION

WHO COMPLETES APPENDIX 1?

The applicant's parent(s)/step-parent/sponsor/legal guardian.

If your parent(s)/step-parent/sponsor/legal guardian lives outside of Canada you will need to:

- mail **Appendix 1** to them for completion or have them download and print **Appendix 1** from www.StudentAidBC.ca and
- have them return it to you by mail to submit with your application.

PURPOSE

The information in **Appendix 1** is necessary to assess how much money the applicant's parent(s)/step-parent/sponsor/legal guardian may be expected to contribute, based on their previous year's income tax return. Please answer all questions.

The applicant will have access to all information provided on Appendix 1.

NOTE

If you have already submitted your StudentAid BC application, and you are completing a new Appendix 1 to make changes to your original submission, include an Appendix 7 - Request for Reassessment, with your submission.

ARE YOU A DEPENDENT STUDENT?

A dependent student:

- has **not** been out of high school for at least 48 months (4 years); and
- is **not** married, living common-law, separated, divorced, widowed or a single parent; and
- has **not** worked in the full-time labour force for two periods of 12 continuous months each since leaving high school; and
- is **not** a youth in continuing care or custody of a director of child welfare in BC – the government is/was your legal guardian.

If you are a dependent student, **Appendix 1** must be completed by your parent(s)/step-parent/sponsor/legal guardian.

If you are a permanent resident or landed immigrant under sponsorship, your sponsor must complete **Appendix 1**.

If your parents are separated or divorced, or if your parent is single, Appendix 1 must be completed by the parent who is your main financial supporter.

When Appendix 1 has been completed and returned to you:

- Enter your application number on **line 4**.
- **Make sure all questions have been answered and both the Canada Revenue Agency consent and the StudentAid BC declaration on Appendix 1 have been completed and signed.**

POLICY

A financial contribution (based on federal policy) may be expected from your parent(s)/step-parent/sponsor/legal guardian, based on family size, income, assets and allowable income deductions.

The contribution formula takes into account parent(s)/step-parent/sponsor/legal guardian's total income as declared on line 15000 of their 2020 income tax return, less income taxes payable, Canada Pension Plan contributions, employment insurance contributions and a moderate standard of living. The income remaining following the deductions of these amounts is called "**discretionary income**."

SUBMISSION INSTRUCTIONS

Mail original form with ink signature(s) to StudentAid BC:

Mailing address:

P.O. Box 9173
Stn Prov Govt
Victoria BC V8W 9H7

Courier address:

StudentAid BC
1st Floor, 835 Humboldt Street
Victoria BC V8V 4W8

ADDITIONAL NOTES

Question 06 Marital Status

If you have remarried or are in a common-law relationship, your partner must provide his or her financial information. If you are separated, divorced or single this form must be completed by the parent who has legal responsibility for the applicant's post-secondary education and/or is the main financial supporter.

Question 34 – Contributions from parent(s)/step-parent/sponsor/legal guardian

A parent or guardian may wish to contribute funds toward the applicant's educational costs over and above amount they are assessed to contribute as part of a student's resource assessment. Enter total money given to the student for this application study period, including the total amount of cashed Registered Education Savings Plans (RESPs) and scholarship trust funds.

Question 35 Total Income

Enter the amount from line 15000 of your 2020 income tax return. The amount you report will be checked against Canada Revenue Agency (CRA) records. If the amount you report is different from CRA records, CRA data will be used in the applicant's need assessment calculation. If your previous year total income (as reported on Line 15000 of your 2020 tax return) changes, a reassessment of the applicant's financial assistance application will be required. If you did not file a Canadian Income Tax Return for 2020, enter your total 2020 income from all sources both inside and outside Canada, which includes employment, pension investment, rental, RRSP, foster parent, net professional income, workers' compensation, employment insurance and disability assistance. Convert foreign currency into Canadian dollars. StudentAid BC receives regularly updated information from CRA and may, after the point of initial StudentAid BC application assessment, compare income amount(s) declared on the application against CRA records, to ensure that the applicant's financial need remains up-to-date and accurate.

Question 36 Net Value of Assets

Include the net value of all **Canadian and foreign** assets, including term deposits, stocks, bonds, GICs, bank accounts, rental properties, etc. **Do not include** RRSPs, principal residence, business assets, vehicles or household items.

Questions 37-40 Deductions

Refer to your 2020 income tax return to determine the amounts deducted for income taxes, Canada Pension Plan contributions and employment insurance contributions. If no deductions, you must enter '0' on appropriate lines.

Dependants

For StudentAid BC purposes, eligible dependants are any dependants for whom you receive the Canada Child Benefit or for whom you claim a benefit on your 2020 income tax return. Eligible dependants include:

- your child(ren) under 19 years of age as of the start of the applicant's classes, for whom you have custody or provide care (they live with you) at least two days per week during the applicant's entire study period; or
- your child(ren) age 19 or over who are dependent full-time students; or
- your permanently disabled child(ren) age 19 or over, who you fully support and declare on your income tax return; or
- your foster children, if foster parent income is claimed on Appendix 1 on line 7; or
- your elderly relatives who you fully support and declare on your income tax return.

Declaration and Consent

Read, sign and date both the Canada Revenue Agency consent and the StudentAid BC declaration. **Without the complete information, including dates and signatures, we cannot process the student's application. If two parents have completed Appendix 1, ensure BOTH Parent #1 AND Parent #2 signature blocks are signed.** Once you have completed this Appendix 1 return it to the student who will submit it with his or her application.

ALL INFORMATION IS SUBJECT TO AUDIT AND VERIFICATION

PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN INFORMATION

(01) STUDENT'S LAST NAME

(02) STUDENT'S FIRST NAME MIDDLE INITIAL

(03) STUDENT'S SOCIAL INSURANCE NUMBER

(04) STUDENT'S APPLICATION NUMBER 2 0 2 1

(05) RELATIONSHIP TO STUDENT **A** PARENT(S)/STEP-PARENT **B** SPONSOR **C** LEGAL GUARDIAN

(06) MARITAL STATUS OF PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN (MARK ONE BOX ONLY) **A** SINGLE **B** SINGLE PARENT **C** MARRIED **D** COMMON-LAW **E** SEPERATED/DIVORCED/WIDOWED

Parent #1
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(07) LAST NAME

(08) FIRST NAME (09) MIDDLE GENDER MALE FEMALE

(10) DATE OF BIRTH YEAR MONTH DAY (11) SOCIAL INSURANCE NUMBER

(12) ADDRESS APT/SUITE STREET NUMBER/PO BOX

(13) STREET NAME

(14) CITY/TOWN

(15) COUNTRY

(16) PROVINCE/STATE (17) POSTAL / ZIP CODE

(18) AREA CODE TELEPHONE NUMBER () -

PARENT E-MAIL ADDRESS:

Parent #2
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

LAST NAME

FIRST NAME MIDDLE GENDER MALE FEMALE

DATE OF BIRTH YEAR MONTH DAY SOCIAL INSURANCE NUMBER

ADDRESS APT/SUITE STREET NUMBER/PO BOX

STREET NAME

CITY/TOWN

PROVINCE/STATE POSTAL / ZIP CODE

COUNTRY

AREA CODE TELEPHONE NUMBER () -

CANADA REVENUE AGENCY CONSENT – must be signed and dated for this application to be complete

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by the Canada Revenue Agency, to the BC Ministry of Advanced Education and Skills Training (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any StudentAid BC application. The information will be used solely for the purpose of verifying information on my StudentAid BC application forms and for the general administration and enforcement of StudentAid BC policy and the *Canada Student Financial Assistance Act*. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature of this consent and for any other subsequent consecutive taxation year for which assistance is requested.

Parent #1
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(50) SIGNATURE (IN INK) **MUST BE SIGNED**

(51a) DATE SIGNED YEAR MONTH DAY

Parent #2
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

SIGNATURE (IN INK) **MUST BE SIGNED**

(51b) DATE SIGNED YEAR MONTH DAY

StudentAid BC DECLARATION – must be signed and dated for this application to be complete

StudentAid BC DECLARATION - must be signed and dated for this application to be complete.

- I. I/we understand that:
- The student will have access to information provided in this appendix;
 - The student's school will have access to information provided in this appendix;
 - The information in this appendix is subject to audit, investigation and verification as defined in the current program year's StudentAid BC Policy Manual.
- II. I/we understand that signing this declaration means:
- I declare that the information I have given in this appendix is correct and complete and that I have not altered or added to any of the pre-printed application and/or appendix questions.
 - I authorize the student to notify StudentAid BC as soon as practical of any change in my income and/or assets, as defined in the current program year's StudentAid BC Policy Manual.
 - For the purposes of verifying the accuracy of the personal information provided by me in this appendix, I consent to the collection, use and disclosure of my personal information between the BC Ministry of Advanced Education and Skills Training, the BC Ministry of Finance, the National Student Loans Service Centre, and any of their contractors, subcontractors or agents, each with each other, and with the following: financial institutions, lenders, educational institutions, financial aid offices, employers, credit bureaus, credit reporting agencies, Aboriginal Organizations, federal and provincial Crown corporations, and federal, provincial, municipal ministries/departments/agencies, including but not limited to: BC Ministry of Social Development and Poverty Reduction, BC Ministry of Children and Family Development, BC Ministry of Health, BC Ministry of Attorney General, BC Ministry of Education, BC Public Service Agency, RoadSafe BC, Insurance Corporation of BC (and Service BC acting in the role of ICBC), BC Assessment Authority, Land Title and Survey Authority of BC, BC Registry Services, WorkSafe BC, BC Vital Statistics Agency, the Office of the Superintendent of Bankruptcy Canada, Employment and Social Development Canada, Canada Revenue Agency, Immigration, Refugees and Citizenship Canada. This consent takes effect on the date that I make the first submission of this Appendix to StudentAid BC, regardless of whether this Appendix is in electronic or written format.

Parent #1
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(52) SIGNATURE (IN INK) **MUST BE SIGNED**

(53a) DATE SIGNED YEAR MONTH DAY

Parent #2
PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

SIGNATURE (IN INK) **MUST BE SIGNED**

(53b) DATE SIGNED YEAR MONTH DAY

Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with sections 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education and Skills Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 toll-free in Canada/U.S. or +1-778-309-4621 from outside North America

WHEN COMPLETED, RETURN APPENDIX 1 TO THE STUDENT. If two parents have completed Appendix 1, ensure BOTH Parent #1 AND Parent#2 signature blocks are signed.

STUDENT'S APPLICATION NUMBER

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(34) How much will you and your spouse/common-law partner be giving the student to help meet their specific educational costs during this study period?
Please include money, total cashed Registered Education Savings Plans (RESPs) and scholarship trust funds.

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List only the student and eligible dependants as per the attached instructions page. Read ①.

Parent #1

YOU MUST ENTER '0' IF NO INCOME OR ASSETS

Parent #2

**PARENT/STEP-PARENT/
SPONSOR/LEGAL GUARDIAN**

**PARENT/STEP-PARENT/
SPONSOR/LEGAL GUARDIAN**

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(35) Enter your reported total income from line 15000 of your 2020 income tax return. If you did not file a 2020 income tax return, enter your total income from all sources both inside and outside of Canada.

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(36) Enter the total net value of all Canadian and foreign assets (do not include RRSPs, principal residence or business). Enter '0' if none.

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INDICATE AMOUNTS PAYABLE ON YOUR 2020 INCOME TAX RETURNS

YOU MUST ENTER '0' IF NO INCOME OR ASSETS

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(37) Total income tax from line 43500. Enter '0' if none.

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(38) Canada Pension Plan contributions (CPP) from line 30800 (contributions through employment). Enter '0' if none.

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(39) Canada Pension Plan contributions (CPP) from line 31000 (contributions payable on self-employment and other earnings). Enter '0' if none.

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(40) Employment insurance (EI) from line 31200. Enter '0' if none.

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Do not include your spouse/common-law partner

DATE OF BIRTH

STUDENT'S NAME

YEAR			MONTH		DAY	

OTHER ELIGIBLE DEPENDANT NAME(S) (Do not include student reported above)	DATE OF BIRTH							IS DEPENDANT ATTENDING POST-SECONDARY?	WAS THIS DEPENDANT CLAIMED ON YOUR 2020 TAX RETURN?			
	Y	Y	Y	Y	M	M	D			D		
					/			/			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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					/			/			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

YOU MUST COMPLETE THE REVERSE SIDE OF THIS APPENDIX