

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 required to contribute. Please answer all questions.

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

NOTE

Instructions for your parent(s)/step-parent/sponsor/legal guardian are printed on the other side of this page. Do not separate these pages before Appendix 1 is complete.

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.

No faxes, scans or copies are accepted as **original** signatures are required.

ARE YOU A 'Group A' (Dependent) STUDENT?

A 'Group 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 'Group 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.

When you are sure it is complete, separate Appendix 1 from this instructions page and staple it to the inside back of your application.

RESIDENCY

Residency of a Group A (dependent) student is determined by the residence of their parent(s) or by their sponsor if the student is under sponsorship. B.C. is considered the province of residence, if B.C. is the last province in which the parent(s) or sponsor lived for 12 consecutive months, as of the start of the student's study period.

FEDERAL 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 150 of their 2014 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**."

CONTACT INFORMATION

TO REACH StudentAid BC BY PHONE:

1-800-561-1818 Toll-free in Canada or USA
or
(250)-387-6100 from outside North America

TO REACH StudentAid BC BY MAIL:

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

Visit us on-line at www.StudentAidBC.ca

***Note:** The ⓘ symbol means to read the *INSTRUCTIONS* booklet, which is included in the *StudentAid BC application package* or visit www.StudentAidBC.ca.

Question 06 Marital Status

Mark the appropriate box. 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 07 Total Income

Enter the amount from line 150 of your 2014 income tax return. The line 150 amount you report will be verified against Canada Revenue Agency (CRA) records. If the amount you indicate is different from their records, CRA data will be used in the applicant's needs assessment calculation. If CRA records are incorrect, you must submit an Appendix 1 (and Appendix 7) with documentation showing the correct amount. If you did not file a Canadian Income Tax Return, enter your total 2014 income from all sources both inside and outside Canada, including employment, pension, investment, net rental, RRSP, foster parent, net professional income, workers' compensation, employment insurance, disability assistance, etc. Convert foreign currency into Canadian dollars. If you are married or living common-law, both Parent #1 and Parent #2 incomes must be completed even if "0". Round all amounts to the nearest dollar. Single parents must complete and sign the "Parent #1" section of Appendix 1.

Question 08 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.

Question 09-12 Deductions

Refer to your 2014 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.

Question 14 Dependants

For StudentAid BC purposes, eligible dependants are any dependants for whom you receive the Canada Child Tax Benefit or for whom you claim a benefit on your 2014 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 Group A (dependent) full-time students (see definition of 'Group A' (dependent) status on ⓘ **page 7**); 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.** Once you have completed this Appendix 1 return it to the student who will submit it with his or her application.



Appendix 1



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

(01) STUDENT'S LAST NAME

(03) STUDENT'S SOCIAL INSURANCE NUMBER

(02) STUDENT'S FIRST NAME **MIDDLE INITIAL**

(04) STUDENT'S APPLICATION NUMBER
 2 0 1 5

PARENTAL INFORMATION

(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

\$ **.00**
 \$ **.00**

YOU MUST ENTER '0' IF NO INCOME OR ASSETS

(07) Enter your reported total income from line 150 of your 2014 income tax return. If you did not file a 2014 income tax return, enter your total income from all sources both **inside and outside of Canada**.

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

Parent #2

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

\$ **.00**
 \$ **.00**

INDICATE AMOUNTS PAYABLE ON YOUR 2014 INCOME TAX RETURNS YOU MUST ENTER '0' IF NO INCOME OR ASSETS

\$ **.00**
 \$ **.00**
 \$ **.00**
 \$ **.00**

(09) Total income tax from line 435. Enter '0' if none.

(10) Canada Pension Plan contributions (CPP) from line 308 (contributions through employment). Enter '0' if none.

(11) Canada Pension Plan contributions (CPP) from line 310 (contributions payable on self-employment and other earnings). Enter '0' if none.

(12) Employment insurance (EI) from line 312. Enter '0' if none.

\$ **.00**
 \$ **.00**
 \$ **.00**
 \$ **.00**

(13) How much money will you and your spouse/common-law partner be giving the student during this study period, including registered education savings plans (RESPs) and scholarship trust funds?

\$ **.00**

(14) List only the student and eligible dependants as per the attached instructions page. Read ① page 7.

Do not include your spouse/common-law partner

DATE OF BIRTH

STUDENT'S NAME	YEAR	MONTH	DAY
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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 2014 TAX RETURN?		
	Y	Y	Y	Y	M	M	D	D				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<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

STUDENT'S APPLICATION NUMBER

2	0	1	5						
---	---	---	---	--	--	--	--	--	--

Parent #1

ALL INFORMATION MUST BE PROVIDED

Parent #2

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(15) LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(16) FIRST NAME

MIDDLE (17) GENDER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(18) DATE OF BIRTH

(19) SOCIAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(20) ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(21) CITY/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(22) PROVINCE/STATE

(23) POSTAL / ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(24) COUNTRY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(25) AREA CODE

TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(25b) PARENT E-MAIL ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(15a) LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(16a) FIRST NAME

MIDDLE (17a) GENDER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(18a) DATE OF BIRTH

(19a) SOCIAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(20a) ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(21a) CITY/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(22a) PROVINCE/STATE

(23a) POSTAL / ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(24a) COUNTRY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(25a) 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 Ministry of Advanced Education, (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 relevant to, and used solely for the purposes of determining and verifying the student's eligibility for and entitlement to the StudentAid BC programs under 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

Parent #2

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(26) SIGNATURE (IN INK)

MUST BE SIGNED HERE

(26a) DATE SIGNED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(27) SIGNATURE (IN INK)

MUST BE SIGNED HERE

(27a) DATE SIGNED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:
 1. The student will have access to information provided in this appendix;
 2. The student's school will have access to information provided in this appendix;
 3. The information in this appendix is subject to audit and verification.
- II. I/we understand that signing the Declaration means:
 1. I certify that the information I have given is correct and complete and that I have not altered or added to any of the pre-printed application and/or appendix questions.
 2. I have authorized the student to immediately notify StudentAid BC of any increase in my income and/or assets.
 3. 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 Ministry of Advanced Education, the 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, Native Bands, Federal and provincial Crown corporations, and federal, provincial, municipal ministries/departments/agencies, including but not limited to: BC Ministry of Social Development and Social Innovation, BC Ministry of Children and Family Development, BC Ministry of Health, BC Ministry of Justice, BC Ministry of Education, BC Public Service Agency, BC Office of the Superintendent of Motor Vehicles, Insurance Corporation of BC, 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 (ESDC), Canada Revenue Agency, Citizenship and Immigration Canada. This consent takes effect when I sign this Declaration.

Parent #1

ALL INFORMATION IS SUBJECT TO AUDIT AND VERIFICATION

Parent #2

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN

(28) SIGNATURE (IN INK)

MUST BE SIGNED HERE

(28a) DATE SIGNED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(29) SIGNATURE (IN INK)

MUST BE SIGNED HERE

(29a) DATE SIGNED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, 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 statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 toll-free in Canada/U.S. or (250)-387-6100 from outside North America.

WHEN COMPLETED, RETURN APPENDIX 1 TO THE STUDENT