

Appendix 7



REQUEST FOR REASSESSMENT



StudentAidBC

PURPOSE

When information on your original StudentAid BC application changes, you must submit an Appendix 7 - Request for Reassessment.

INSTRUCTIONS

- Complete fields requesting your 2015/2016 Application number, and questions # 01 to #13
- Answer only questions where the information is now different from your original application
- Provide an explanation of the change on page 11 of this form and complete and attach applicable Appendices (see below)
- Sign and date Section 6 on page 9

All information is subject to verification and audit.

Changes include but are not limited to:

1 Changes in your assets (examples: motor vehicle, GIC, RRSP, etc.)

If you sold or cashed in any assets in the four months before classes began, or during your study period, you must provide documentation showing proof of the sale and whether the proceeds were used to repay outstanding debt on that asset or if they were used to pay for something else. If you cashed a GIC or term deposit you must enter this as "other" income.

- If the value of your motor vehicle has changed, state the revised estimated current value of your motor vehicle in **Section 4, Question 73**. (The estimated value of your vehicle is the amount it would sell for on the open market.) If you transferred ownership of your motor vehicle to someone else, include a copy of the transfer and registration documentation, including the owner's certificate of insurance and vehicle licence (vehicle registration forms), along with your Appendix 7 – Request for Reassessment.

Note: Your request for reassessment will not be considered if your motor vehicle was transferred to someone else for less than fair market value. Your estimate of the current value of your motor vehicle will be compared with the "Sandford-Evans Gold Book" and the value of your motor vehicle in the Gold Book will be used in reassessing your eligibility for StudentAid BC funding.

- For changes in your parent(s)/step-parent/sponsor/legal guardian's assets, provide documentation, and have your parent(s)/step-parent/sponsor/legal guardian complete a revised Appendix 1.
- For changes in your spouse/common-law partner's financial status/assets, provide documentation, and have your spouse/common-law partner complete a revised Appendix 2.

2 Any new source of income, or changes to your income

Provide an explanation for the change and where possible provide any supporting documentation when reducing income (e.g., record of employment for loss of work).

- For changes in your parent(s)/step-parent/sponsor/legal guardian's income, submit a revised Appendix 1 and supporting documentation (e.g., Notice of Assessment from the Canada Revenue Agency).
- For changes in your spouse/common-law partner's income, submit a revised Appendix 2, including supporting documentation.
- If you are changing the amount of your or your spouse/common-law partner's previous year's income, **Question 72a** on the application and/or **Question 16a** on the Appendix 2, you must submit proof of this change in income by submitting a copy of his/her Income Tax Notice of Assessment from Canada Revenue Agency.

3 Changes to your program of study or study period dates

If you are changing your study period dates, confirm with your school these new dates. An Appendix 3 may be required. Make sure you change all income and costs to reflect the new study period and if applicable, have your spouse/common-law partner do the same on an Appendix 2.

Note: If you are completing your program early, you must have the financial aid office at your school complete an Early Completion of Studies form.

4 Change of school before receiving any StudentAid BC funding

Complete this Appendix 7 - Request form, and if necessary have your school complete an Appendix 3. If you have received funding for this application period, submit an Appendix 5; Transfer of School form.

5 Changes in marital status

Note: changes to marital status **after** the first day of classes cannot be considered.

- If you marry before your first day of classes, you must provide a copy of your marriage certificate and an Appendix 2 completed by your spouse.
- If you separate from your spouse before your first day of classes, you must provide a copy of your legal separation agreement confirming your date of separation.
- If formal documentation is not available, a notarized statement from your ex-spouse/partner with their address and phone number or a letter on business letterhead from a credible third party (e.g., counsellor, religious advisor, doctor, social worker, lawyer) may be accepted.

6 Change in dependant information

- If the change is because of the birth or adoption of a child, you must provide a copy of the birth certificate with parent information, or a letter from your physician confirming the date of birth and the child's name, or documentation confirming adoption.
- If you are awarded custody of a dependant before your first day of classes, you must provide proof of custody or that you have care of the dependant at least two full days per week during your entire study period.
 - If you do not have a legal custody agreement, you may provide a notarized statement from your child(ren)'s other parent attesting to the dates your child(ren) will reside with you. This statement must provide the other parent's name, address and phone number.
 - If you are unable to obtain a statement from your child(ren)'s other parent, you may provide a letter on business letterhead, from a credible third party (social worker, religious advisor, doctor, counsellor, etc.) stating the dates your child(ren) will reside/resided with you. The letter must also include the third party's name, address, telephone number and relationship to you.

7 Change in living situation

Note: Changes to your living situation **after** the first day of classes will not be considered.

Mark "YES" to *Question 48*, if you are paying room and board to your parent(s)/step-parent/sponsor/legal guardian in the four months before classes start, or in your study period. You will be required to submit an Appeal Request Form for Room and Board.

If you move from your parent's home before the first day of classes, you must have your landlord/lady complete a Confirmation of Rent form, available at: www.StudentAidBC.ca confirming your tenancy. You must also provide one of the following options:

- A. If you are living in residence at your school, make sure your school places their official school stamp or seal on the form.
OR
- B. If you are not living in residence at your school, you must provide copies of your cancelled cheques, or if unavailable, copies of your monthly bank statements with the cash withdrawal used to pay the rent circled on each statement confirming your payment for rent. If you are downloading statements from the internet these must have been issued by the bank or financial institution in PDF format and must include reference to the account holder's name; otherwise all other web statements must bear your financial institution's bank/branch stamp.

DEADLINE

Your complete and correct Appendix 7 – Request for Reassessment forms must be received by StudentAid BC at least 6 weeks before the DATE CLASSES END.

IMPORTANT

- Faxes, copies or scans are accepted.
- Funding cannot be issued after the date classes end.
- Sign and date Section 6 on page 9.

Appendix 7



REQUEST FOR REASSESSMENT



StudentAidBC

What is your original 2015/2016 application number?

2	0	1	5						
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(Questions must be answered in ink)

This symbol ⓘ means to refer to the 2015/16 INSTRUCTIONS booklet included in the application package and available online in PDF version at www.StudentAidBC.ca

Only answer questions (in ink) where the information is now different from your original full-time application, provide an explanation of the changes on page 11. Ensure you sign and date Section 6 on page 9.

SECTION 1 of 8 - PERSONAL INFORMATION

(01) LAST NAME NOTE: Your first name **MUST** match the name on your social insurance number card/letter

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(02) FIRST NAME NOTE: Your first name **MUST** match the name on your social insurance number card/letter

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(02A) MIDDLE NAME

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(03) MAILING ADDRESS - IMPORTANT: All documents will be sent to this address

Apt./suite

Street Number and Street Name/PO Box

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(04) Use this line for any part of your address not indicated above

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(05) Use this line for any part of your address not indicated above

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(06) CITY/TOWN

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(07) PROVINCE/STATE

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(08) POSTAL/ZIP CODE

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(09) COUNTRY

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(10) AREA CODE

TELEPHONE NUMBER

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(11) E-MAIL ADDRESS: Notifications will be sent to this address

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(12) SOCIAL INSURANCE NUMBER

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(13) STUDENT NUMBER (IF KNOWN)

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(14) DATE OF BIRTH

YEAR				MONTH		DAY	

(15) GENDER

MALE FEMALE

(16) MARITAL STATUS (MARK ONE BOX ONLY)

SINGLE	SINGLE PARENT	MARRIED	COMMON-LAW	SEPARATED/DIVORCED/WIDOWED
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

SCHOOL / PROGRAM CODES

Read ⓘ page 4
or visit www.StudentAidBC.ca

(17) SCHOOL CODE

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(18) PROGRAM CODE

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MINISTRY USE ONLY

IMPORTANT!

PLEASE ANSWER ONLY QUESTIONS WHERE THE INFORMATION IS NOW DIFFERENT FROM YOUR ORIGINAL APPLICATION.

SECTION 1 of 8 - PERSONAL INFORMATION continued

- (19) Are you a student with a permanent disability that affects your studies on a daily basis?
You must meet the definition of a permanent disability to be eligible to apply for StudentAid BC permanent disability funding. Read ① page 4. (19) YES NO
- (20) Are you or have you ever been a permanent resident?
(if born in Canada, mark NO) (20) YES NO
- (21) Have you ever declared bankruptcy that included student financial assistance?
If YES, read ① page 5 before answering. (21) YES NO
- (22) Have you ever **cached** a Canada student loan? (if FULLY repaid, mark NO) (22) YES NO
- (23) Date you graduated from or left secondary (high) school. (23)

YEAR				MONTH	
- (24) How many months of full-time post-secondary studies have you taken to date in BC, Canada and outside of Canada? Include co-op work terms. To convert part-time studies, read ① page 6. Enter "o" if none. (24)

MONTHS	
- (25) Will you have been out of high school for more than 48 months (4 years) when classes start? (25) YES NO
- (26) Are you married or common-law? If 'YES', **Appendix 2** must be completed. (26) YES NO
- (27) Are you a single parent, separated, divorced, or widowed? (27) YES NO
- (28) In the time since you left high school to your first day of classes, have you spent two periods of 12 continuous months each, in the full-time labour force as defined on ① page 7? (28) YES NO
- (29) Are you or were you, at the time of your 19th birthday, a youth in continuing care or custody of a director of child welfare in BC. (ward of the court - this means the provincial government is/was your legal guardian)? (29) YES NO
- (30) My parents are deceased **and** I do not have a legal guardian. If **both** conditions apply, read ① page 7. (30) YES NO
- (31) Did you answer 'YES' to any of questions 25 to 30? (31) YES NO
(Go to 32) (Go to 33)
- ↓
- (32) Are you a resident of BC as defined on ① page 9? (32) YES NO
- ↓
- (33) Your parents should complete **Appendix 1**.
Is your parent(s)/step-parent/sponsor/legal guardian a resident of BC as defined on ① page 9? (33) YES NO

SECTION 2 of 8 - BEFORE CLASSES START

(34) In the **four months BEFORE** classes start, were you or do you expect to be:

- (a) Living with your parent(s)/step-parent/sponsor/legal guardian or living in a home owned or rented by them for at least two months? Read ① **page 10**.
- (b) Enrolled in full-time study for at least two months (including high school)?
- (c) At home caring for your eligible dependent child(ren) on a full-time basis for at least two months (**Only one parent may claim to be the full-time caregiver**).

- (34a) YES NO
- (34b) YES NO
- (34c) YES NO

(35) Income received in the **four months BEFORE** classes start. What is the **total** amount of:

- (a) Income assistance (welfare) and/or BC income assistance for persons with disabilities you receive? (Do not include amount entered on **line 7a** of **Appendix 2**) Enter "0" if none
- (b) Employment insurance benefits (EI) you receive? Enter '0' if none.
- (c) **Gross** earnings you receive from employment and net self-employment income? Read ① **page 11**. Enter "0" if none.
- (d) Child-care subsidy you receive? (**Only one parent may claim child-care subsidy**). Read ① **page 11**. Enter "0" if none.
- (e) Other sources of income you receive? (e.g. First Nations band funding, child support, pension, spousal support, insurance settlements, etc.). Read ① **page 11**.

Specify: Enter "0" if none

You must enter "0" if none.
FOUR-MONTH TOTALS FOR (a) TO (e) ▼

(35a) \$

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(35b) \$

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(35c) \$

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(35d) \$

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(35e) \$

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(36) Expenses paid in the **four months BEFORE** classes start. What is the total amount of:

- (a) Canada student loan and/or provincial student loan regular scheduled payments made? Enter "0" if none.
- (b) Total day-care costs for your child(ren) age 11 years or under? Include child-care subsidy from **line 35d** (**Only one parent may claim day-care costs**). Read ① **page 12**.
- (c) Child support and/or spousal support that you pay? Read ① **page 12**.

(37) What is the balance in all of your bank accounts (chequing, tax free savings accounts, savings, etc.) **both inside and outside of Canada**, at the start of classes? **Do not include** RRSPs, RESPs, RDSP's, term deposits, GICs, mutual funds, stocks or bonds. Read ① **page 12**. Enter "0" if none, or if a negative amount.

You must enter "0" if none.
FOUR-MONTH TOTALS FOR (a) TO (c) ▼

(36a) \$

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(36b) \$

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(36c) \$

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(37) \$

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SECTION 3 of 8 - AFTER CLASSES START/STUDY PERIOD continued

THIS PAGE REFERS TO **STUDY PERIOD TOTALS**, NOT MONTHLY AMOUNTS.
SEE QUESTIONS 41 AND 42 FOR YOUR STUDY PERIOD DATES.

ALLOWABLE EXTRA COSTS:

You must enter "0" if none.

STUDY PERIOD TOTALS ▼

(50) Total day-care costs for your child(ren) age 11 years or under. Include child-care subsidy from **Question 64**. (Only one parent may claim day-care costs.)

(50) \$.00

(51) Child support and / or spousal support that you pay. Read **Ⓛ page 16**.

(51) \$.00

(52) If you **must** relocate to a different city to attend school and you will return home at least once during your study period, what is the cost of one return trip home? Read **Ⓛ page 16**.

(52) \$.00

INCOME: Enter "0" if none.

(53) Co-op/paid work term earnings (declare earnings if you answered "YES" to **Question 43**).

(53) \$.00

(54) Assistantships/stipends.

(54) \$.00

(55) **Gross** earnings you expect to have from **employment** and **net self-employment** income during your entire **study period**. Do not include income reported on lines **53** and **54**

(55) \$.00

(56) Child support and/or spousal support payments you will **receive**.

(56) \$.00

(57) Employment insurance benefits (EI). (Do not include sponsored tuition/books.)

(57) \$.00

(58) Bursaries or needs-based academic awards.

(58) \$.00

(59) WorkSafe BC/WCB benefits.

(59) \$.00

(60) Pension income from Children's Benefits (previously "Orphan's Benefits"), Canada Pension Plan (CPP), retirement pensions, disability pensions, or any other pension. Read **Ⓛ page 17**.

(60) \$.00

(61) Scholarships or merit-based awards, including Passport to Education and provincial government scholarships.

(61) \$.00

(62) First Nations band funding (do not include sponsored tuition/books).

(62) \$.00

(63) All contributions from parent(s)/step-parent/sponsor/legal guardian **including** registered education savings plans (RESPs) and scholarship trust funds.

(63) \$.00

(64) Child-care subsidy. (Only one parent may claim child-care subsidy.)

(64) \$.00

(65) Sponsored tuition/books from Employment and Social Development Canada (ESDC - formerly HRSDC), First Nations bands, Ministry of Social Development and Social Innovation, other government agencies and employers.

(65) \$.00

(66) Income assistance (welfare) and/or BC income assistance for persons with disabilities. (Do not include amount entered on **Question 11a** of **Appendix 2**.)

(66) \$.00

(67) Employment program of British Columbia (EPBC).

(67) \$.00

(68) All other sources of income (e.g. net rental income, insurance settlements, etc.). **Do not include** tax rebates, child tax benefits, tax refunds or BC Family Bonus. Read **Ⓛ page 19**.

(68) \$.00

Specify:

IMPORTANT: PLEASE ANSWER ONLY QUESTIONS WHERE THE INFORMATION IS NOW DIFFERENT FROM YOUR ORIGINAL APPLICATION

SECTION 4 of 8 - ASSET AND INCOME INFORMATION

Report all Canadian and foreign assets. (Include 'locked-in' assets.)

- (69) What is the net worth of your RRSPs? Enter "0" if none. (69) \$ [][][][][][] .00
- (70) What is the net worth of all your term deposits, GICs, mutual funds, stocks, bonds, etc.? (70) \$ [][][][][][] .00
Do not include RRSPs. Enter "0" if none.
- (71) What is the net worth (your share) of any assets such as revenue/holding/recreational properties, boat, RV, etc.? (71) \$ [][][][][][] .00
Do not include principal residence and motor vehicle(s) reported in Question 73 and 73a. Enter "0" if none.
- (72) What is the net worth (your share) of a business? Enter "0" if none. (72) \$ [][][][][][] .00
- (72a) 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. This income will be matched with Canada Revenue Agency records, which may affect your assessment of need. Read ① page 21. (72a) \$ [][][][][][] .00

MOTOR VEHICLES Read ① page 21. **You must answer BOTH questions 73 and 73a.**

- (73) Do you own a car/truck/motorcycle/other motor vehicle of which you are the registered owner? Uninsured vehicles must be reported. (73) YES (give details below) and answer question 73a NO (you must answer question 73a)

OWN:

YEAR	MAKE AND MODEL	TYPE	PURCHASE DATE YYYY/MM	PURCHASE PRICE	RESALE VALUE
2 0 1 3	Acura CSX	4dr Sedan	2 0 1 3 / 0 6	\$ 2 2 5 0 0 .00	\$ 2 0 3 5 0 .00
			/ /	\$.00	\$.00
			/ /	\$.00	\$.00

ANSWER BOTH QUESTIONS

- (73a) Do you lease a car/truck/motorcycle/other motor vehicle of which you are the registered lessee? Uninsured vehicles must be reported. (73a) YES (give details below) NO

LEASE:

YEAR	MAKE AND MODEL	TYPE	LEASE DATE YYYY/MM	VEHICLE VALUE AT LEASE DATE	MONTHLY LEASE PAYMENTS
2 0 1 3	Acura CSX	4dr Sedan	2 0 1 3 / 0 6	\$ 2 2 5 0 0 .00	\$ 4 2 5 .00
			/ /	\$.00	\$.00
			/ /	\$.00	\$.00

All information is subject to audit and verification

SECTION 5 of 8 - DEPENDANTS Read ① page 23

- (74a) Do you have any eligible dependants as defined on ① page 23? YES (give details below) NO (go to Section 6)
- (74b) List eligible dependants below (DO NOT include spouse / common-law partner).

OTHER ELIGIBLE DEPENDANT(S) NAME	DATE OF BIRTH	IS DEPENDANT ATTENDING POST-SECONDARY?	WAS THIS DEPENDANT CLAIMED ON YOUR 2014 TAX RETURN?
	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

