



Appeal Request Form Instructions

ROOM AND BOARD

The financial needs assessment is conducted as per Chapter 7 (Financial Need Assessment Process) of the 2018/2019 StudentAid BC Policy Manual, located here: https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf.

APPEAL CRITERIA

A student that is living at home may appeal the need to pay room and board if their parents, step-parents, sponsor or legal guardian are:

- Receiving income assistance or permanent disability benefits;
- Receiving Canada Pension and/or old age supplement, with no other source of income or support;
- Earning low income; and/or
- Unemployed due to layoff, strike or lockout.

REQUIRED DOCUMENTATION

You must provide the following:

- a detailed letter from you explaining why this cost should be included in your StudentAid BC assessment;
- a detailed letter from your parent(s)/step-parent/sponsor/legal guardian explaining the amount of room and board charged, the date you started to pay room and board and the reasons you are being charged room and board;
- proof of payment of room and board, such as cancelled cheques or copies of your or your parent(s)/step-parent/sponsor/legal guardian's bank statements, showing monthly lump sum room and board payments made to your parent(s)/step-parent/sponsor/ legal guardian(Receipts are not considered proof of payment); and
- documentation of parental income (copies of recent pay stubs, tax returns, income assistance, employment insurance, pension benefits).

StudentAid BC cannot guarantee a final decision before your study period ends if all required documentation is not submitted by the appropriate deadline

DEADLINE: SIX WEEKS BEFORE STUDY PERIOD ENDS

For detailed instructions and potential outcomes from the appeal visit the [StudentAid BC website](#)

Submit completed form to your StudentAid BC online dashboard

Appeal Request Form

ROOM AND BOARD

SECTION 1 – STUDENT INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) SOCIAL INSURANCE NUMBER

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(02) STUDENT'S LAST NAME

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(03) STUDENT'S FIRST NAME

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MIDDLE INITIAL

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MINISTRY DATE STAMP

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(04) APPLICATION NUMBER

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SECTION 2 – MONTHLY FAMILY INCOME (TO BE COMPLETED BY PARENT)

PARENT 1

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 .00

\$

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 .00

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 .00

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 .00

\$

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 .00

GROSS MONTHLY WAGES

RENTAL INCOME

(e.g. room and board payments from student)

B.C. FAMILY BONUS, CHILD TAX BENEFIT

OTHER INCOME

DEDUCTIONS

TOTAL MONTH NET INCOME

PARENT 2

\$

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 .00

\$

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 .00

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\$

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\$

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 .00

\$

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 .00

SECTION 3 – MONTHLY FAMILY EXPENSES (TO BE COMPLETED BY PARENT)

MORTGAGE/RENT \$

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 .00

SECOND MORTGAGE \$

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 .00

FOOD \$

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 .00

CLOTHING \$

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 .00

MEDICAL \$

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 .00

DENTAL \$

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 .00

DAYCARE \$

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 .00

ENTERTAINMENT \$

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 .00

GIFTS \$

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 .00

PERSONAL CARE \$

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 .00

CREDIT CARD PAYMENTS \$

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 .00

TRANSPORTATION \$

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 .00

OTHER* \$.00

*itemize other expenses and costs below:

COMPUTER EXPENSES \$.00

MAJOR PURCHASES** \$.00

REPAIR COSTS** \$.00

** Copies of paid receipts for emergency purchases or repairs must be provided

HYDRO \$.00

PHONE \$.00

CABLE \$.00

WATER \$.00

HEAT \$.00

VEHICLE PAYMENT 1 \$.00

VEHICLE PAYMENT 2 \$.00

TOTAL VEHICLE \$.00

TOTAL GAS \$.00

TOTAL VEHICLE UPKEEP \$.00

SECTION 4 – TOTALS (TO BE COMPLETED BY PARENT)

TOTAL MONTHLY EXPENSES \$.00

TOTAL MONTHLY NET INCOME \$.00

ALL INFORMATION IS SUBJECT TO AUDIT AND COULD RESULT IN AN OVERAWARD IF INFORMATION IS MISREPORTED

SECTION 5 – MONTHLY EXPENSES (TO BE COMPLETED BY STUDENT)

MORTGAGE/RENT \$.00

SECOND MORTGAGE \$.00

FOOD \$.00

CLOTHING \$.00

MEDICAL \$.00

DENTAL \$.00

OTHER* \$.00

*itemize other expenses and costs below:

DAYCARE \$.00

ENTERTAINMENT \$.00

GIFTS \$.00

PERSONAL CARE \$.00

CREDIT CARD PAYMENTS \$.00

TRANSPORTATION \$.00

COMPUTER EXPENSES \$.00

MAJOR PURCHASES** \$.00

REPAIR COSTS** \$.00

** Copies of paid receipts for emergency purchases or repairs must be provided

HYDRO \$.00

PHONE \$.00

VEHICLE PAYMENT 1 \$.00

VEHICLE PAYMENT 2 \$.00

CABLE \$.00

TOTAL VEHICLE \$.00

WATER \$.00

TOTAL GAS \$.00

HEAT \$.00

TOTAL VEHICLE UPKEEP \$.00

SECTION 6 – TOTALS (TO BE COMPLETED BY STUDENT)

TOTAL MONTHLY EXPENSES \$.00

ALL INFORMATION IS SUBJECT TO AUDIT AND COULD RESULT IN AN OVERAWARD IF INFORMATION IS MISREPORTED

SECTION 7 – DECLARATION

TO BE COMPLETED BY THE STUDENT AND PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN

By submitting this request for an appeal, I understand that:

- 1) All terms agreed to on my application will remain in force.
- 2) StudentAid BC may consider information from prior applications in my appeal request.

I certify that information provided with this request is accurate and correct.

X	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
	SIGN HERE	PRINT HERE	YYYY / MM / DD
X	SIGNATURE OF PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN (IN INK)	PRINT NAME	DATE SIGNED
	SIGN HERE	PRINT HERE	YYYY / MM / DD

Collection and use of information: The information included in this form and authorized above is collected under Sections 26(c) and 26(e) 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, 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 (250)-387-6100 from outside North America.

