Canada

Appendix 1



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 <u>not</u> married, living common-law, separated, divorced, widowed or a single parent; and
- has <u>not</u> worked in the full-time labour force for two periods of 12 continuous months each since leaving high school; and
- is <u>not</u> 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 2023 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

Upload a complete, signed, clear copy of this form to your StudentAid BC Dashboard.

Canada

Appendix 1



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 2023 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 2023 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 2023, enter your total 2023 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 2023 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 2023 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 Appendix 1					
(01) STUDENT'S LAST NAME			(03) STUDENT'S SOCIAL IN	SURANCE NUMBER	
(02) STUDENT'S FIRST NAME		MIDDLE INITIAL	(04) STUDENT'S APPLICATION	ON NUMBER	
			2 0 2 4		
(OF) DEL ATIONOMIDE	<u> </u>				
(05) RELATIONSHIP TO STUDENT A PARENT B SPONSOR C LEGAL GUARDIAN					
(06) MARITAL STATUS OF PARENT(S)/ STEP-PARENT SPONSOR/ LEGAL GUARDIAN (MARK ONE BOX ONLY)	A SINGLE B SI	NGLE C MA	RRIED D COMMON-	E SEPERATED/ DIVORCED/ WIDOWED	
Parent #1- PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN Parent #2- PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN					
(07) LAST NAME LAST NAME					
(08) FIRST NAME (09) MIDDLE	GENDER	FIRST NAME	MIDDLE	GENDER	
	MAN			MAN	
(10) DATE OF BIRTH	WOMAN	DATE OF BIRTH		WOMAN	
YEAR MONTH DAY	NON-BINARY	YEAR MC	NTH DAY	NON-BINARY	
	PREFER NOT			PREFER NOT TO ANSWER	
(11) SOCIAL INSURANCE NUMBER	TO ANSWER	SOCIAL INSURANC	CE NUMBER	TO ANSWER	
(12) ADDRESS		ADDRESS			
ÀPT/SUITE STREET NUMBER/PO BO	X	APT/SUITE	STREET NUMBER/PO BO	X	
(13) STREET NAME		STREET NAME			
(14) CITY/TOWN		CITY/TOWN			
(15) COUNTRY		PROVINCE/STATE	POSTAL / Z	IP CODE	
(16) PROVINCE/STATE (17) POSTAI	L / ZIP CODE	COUNTRY			
(18) AREA CODE TELEPHONE NUMBER		AREA CODE	TELEPHONE NUMBER		
() , () , () , () , ()) -		
`		`			
PARENT E-MAIL ADDRESS:					
CANADA REVENUE AGENCY CONSE	NT – must be signed a	and dated for this	application to be com	plete	
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 Post-Secondary Education and Future Skills (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 PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN					
			SIGNATURE (IN INK) (51b) DATE SIGNED		
` ´			`	AR MONTH DAY	
MUST BE SIGNED		MUST	BE 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: 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 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. Il. Iwe understand that signing this declaration means: I declare that the information 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 Post-Secondary Education and Future Skills, the BC Ministry of Finance, the National Student Loans Service Centre, and any of their contractors, subcontractors or agents, each with the following: financial 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 Povery Reduction, BC Ministry of Children and Family Development, 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 ALL INFORMATION IS SUBJECT TO AUDIT AND VERIFICATION Parent #2 Parent #1 PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN (53a) DATE SIGNED (52) SIGNATURE (IN INK) SIGNATURE (IN INK) (53b) DATE SIGNED MONTH DAY DAY YEAR YEAR MONTH MUST BE SIGNED **MUST BE SIGNED** 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. 185, 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 Post-Secondary Education and Future Skills, 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. PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN INFORMATION Appendix 1 STUDENT'S APPLICATION NUMBER 2 0 2 4 (34)How much will you and your spouse/common-law partner be giving the student to help meet their specific .00 \$ educational costs during this study period? Please include money, total cashed Registered Education Savings Plans (RESPs) and scholarship trust funds. List only the student and eligible dependants as per the attached instructions page. Read ①. YOU MUST ENTER '0' IF NO INCOME OR ASSETS Parent #1 Parent #2 PARENT/STEP-PARENT/ PARENT/STEP-PARENT/ SPONSOR/LEGAL GUARDIAN SPONSOR/LEGAL GUARDIAN (35)Enter your reported total income from line 15000 of your 2023 income .00 .00 tax return. If you did not file a 2023 income tax return, enter your total income from all sources both inside and outside of Canada. Enter the total net value of all Canadian and foreign assets (do not (36).00 .00 include RRSPs, principal residence or business). Enter '0' if none. INDICATE AMOUNTS PAYABLE ON YOUR 2023 INCOME TAX RETURNS YOU MUST ENTER '0' IF NO INCOME OR ASSETS (37)Total income tax from line 43500. Enter '0' if none. 00 .00 \$ (38)Canada Pension Plan contributions (CPP) from line 30800 (contributions 00 \$.00 \$ through employment). Enter '0' if none. Canada Pension Plan contributions (CPP) from line 31000 (contributions (39)\$.00 \$.00 payable on self-employment and other earnings). Enter '0' if none. (40)Employment insurance (EI) from line 31200. Enter '0' if none. 00 \$.00 \$ Do not include your spouse/common-law partner DATE OF BIRTH STUDENT'S NAME YEAR MONTH DAY WAS THIS DEPENDANT OTHER ELIGIBLE DEPENDANT NAME(S) IS DEPENDANT ATTENDING DATE OF BIRTH **CLAIMED ON YOUR 2023** POST-SECONDARY? (Do not include student reported above) TAX RETURN? D D NO YES NO YES YES NO YES NO YES NO YFS NO

YOU MUST COMPLETE THE REVERSE SIDE OF THIS APPENDIX

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NO

YES

NO

YES