

Appendix 7

REQUEST FOR REASSESSMENT



PURPOSE

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

INSTRUCTIONS

- Answer only questions where the information is now different from your original application
- Provide an explanation of the change on this form and complete and attach applicable Appendices
- Sign and date the Declaration.

All information is subject to verification and audit.

Changes include but are not limited to:

1 Changes to your income

To change your declared income, submit a copy of your revised Income Tax Notice of Assessment from the Canada Revenue Agency.

- For changes in your parent(s)/step-parent/sponsor/legal guardian's income, submit a revised Appendix 1 and a revised Income Tax Notice of Assessment from the Canada Revenue Agency.
- If you are changing the amount of your or your spouse/common-law partner's income, submit a copy of their revised Income Tax Notice of Assessment from the Canada Revenue Agency.

2 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.

3 Change of school before receiving any StudentAid BC funding

Complete this 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.

4 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.

5 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 children'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.

6 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 form must be received by StudentAid BC at least six 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 the Declaration on Page 8.**

Appendix 7

REQUEST FOR REASSESSMENT



What is your original 2017/2018 application number?

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(Questions must be answered in ink)

Only answer questions (in ink) where the information is now different from your original full-time application and provide an explanation of the changes on Page 9. Ensure you sign and date the Declaration on Page 8.

(1) LAST NAME *NOTE: Your last name MUST match the name on your Social Insurance Number card/letter*

(2) FIRST NAME *NOTE: Your first name MUST match the name on your Social Insurance Number card/letter*

(3) MIDDLE NAME _____

(5) GENDER MALE FEMALE

(6) MAILING ADDRESS

Apt./suite Street Number and Street Name/PO Box

(7) _____

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

(8) CITY/TOWN _____

(9) COUNTRY _____

(10) PROVINCE/STATE _____ (11) POSTAL/ZIP CODE _____

(12) AREA CODE TELEPHONE NUMBER
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(13) E-MAIL ADDRESS: Notifications will be sent to this address _____

SOCIAL INSURANCE NUMBER										
<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"/>

(4) DATE OF BIRTH

YEAR			MONTH		DAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROGRAM INFORMATION

- (14) NAME OF INSTITUTION _____
- (15) INSTITUTION CODE (if known) _____
- (16) INSTITUTION'S CITY _____
- (17) INSTITUTION'S PROVINCE/STATE _____
- (18) INSTITUTIONS' COUNTRY _____
- (19) PROGRAM CODE (visit www.StudentAidBC.ca)
- (20) n/a
- (21) DATE CLASSES START YEAR MONTH DAY
- (22) DATE CLASSES END YEAR MONTH DAY
- (23) PROGRAM / FACULTY _____
- (24) MAJOR / DEPARTMENT (if applicable) _____
- (25) PROGRAM TYPE: CERTIFICATE/CITATION ASSOCIATE/DIPLOMA UNIVERSITY TRANSFER BACHELOR
 MASTER DOCTORATE PROFESSIONAL UNCLASSIFIED/QUALIFYING
- (26) WHAT YEAR OF THIS PROGRAM WILL YOU BE IN? _____
- (27) COURSE LOAD 100% 80% 60% 40% (for students with permanent disabilities)
- (28) STUDENT NUMBER (if known) _____

PERSONAL INFORMATION

- (29) 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. YES NO
- (30) During your study period, provide total income assistance/social assistance (welfare) and/or B.C. income assistance for persons with disabilities that you will be receiving: \$.00

PERSONAL INFORMATION *continued*

- (31) Have you ever declared bankruptcy that included student financial assistance? YES NO
- (32) Will you have a full-time job during your study period? YES NO
- (33) Will you have been out of high school for more than 48 months (4 years) when classes start? YES NO
- (34) What is your marital status? A. SINGLE B. SINGLE PARENT C. MARRIED
 D. COMMON-LAW E. SEPARATED/DIVORCED/WIDOWED
- (35) 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? YES NO
- (36) 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 B.C. (ward of the court – this means the provincial government is/was your legal guardian)? YES NO
- (37) My parents are deceased and I do not have a legal guardian. YES NO
- (38) Did you answer 'YES' to any of questions 33, 35, 36 or 37 or are married, common-law a single parent, separated, divorced or widowed? If YES, please answer the following:
 Are you a resident of B.C.? YES NO
- (38a) Did you answer 'NO' to ALL of questions 33, 35, 36 and 37? If YES, please answer the following:
 Is your parent(s)/step-parent/sponsor/legal guardian a resident of B.C.? YES NO
- (39) What is your citizenship status? CANADIAN CITIZEN PERMANENT RESIDENT
- (40) Do you identify yourself as an Aboriginal person; that is, First Nations, Métis or Inuit? YES NO
- (41) If you identify yourself as an Aboriginal person, are you: (select all that apply) First Nations Métis Inuit
- (42) Date you graduated from or left secondary (high) school.

YEAR			MONTH	
- (43) How many months of full-time post-secondary studies have you taken to date in B.C., Canada and outside of Canada? Include co-op work terms. MONTHS

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DEPENDENT INFORMATION

(44) Do you have any eligible dependents? YES NO

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 2016 income tax return. To be eligible, a dependant must meet one or more of the following criteria:

- be your child(ren) and/or your spouse/common-law partner's child(ren) under 19 years of age as of the start of your classes, for whom you have custody, or provide care (they live with you), at least two full days per week during your entire study period; or
- be your child(ren) and/or your spouse/common-law partner's child(ren) age 19 or over who are full-time dependent students; or
- be your permanently disabled child(ren) and/or your spouse/common-law partner's permanently disabled child(ren) age 19 or over, who you fully support and declared on your 2016 income tax return; or
- be your permanently disabled spouse/common-law partner who you fully support and declared on your 2016 income tax return; or
- be your foster child(ren), if foster parent income is claimed on this application; or
- be your elderly relatives and/or your spouse/common-law partner's elderly relatives who you fully support and have declared on your 2016 income tax return.

Note: If you are expecting a child, please submit an Appendix 7 – Request for Reassessment after the birth of the child and attach a copy of the birth certificate.

List eligible dependents (DO NOT include spouse/common-law partner):

Dependant's last name	Dependant's first name	Dependant's date of birth			Is dependant attending post-secondary?		Was this dependant claimed on your 2016 tax return?	
		Year	Month	Day	YES	NO	YES	NO
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDY PERIOD INFORMATION

(45) Between the date classes start and the date classes end, will you be on a co-op/paid work term? YES NO

(46) While you are in school, will you be living with your parent(s)/step-parent/sponsor/legal guardian or living in a home owned or rented by them? YES NO

ALLOWABLE EXTRA COSTS

(47) Day-care costs that you incur for your child(ren) age 11 years or under. Do not include any child-care subsidy amount, only the amount you pay. Only one parent may claim these day-care costs. \$.00

(48) Child support and/or spousal support that you pay. \$.00

(49) 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? \$.00

INCOME INFORMATION

- (50) Enter your reported total income from line 150 of your 2016 Income Tax Return. \$.00
If you did not file a 2016 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.
- (51) Merit-based scholarships or need-based bursaries, including provincial government scholarships. \$.00
- (52) Funding you will receive, or you are contributing, to help meet specific educational costs. Include all funding you will receive or will voluntarily contribute towards your education during this study period.
- (a) Government funding (e.g., E.I. training allowance, social assistance payments intended to cover education-related costs) \$.00
- (b) Non-government (private sector) funding (e.g. employer) \$.00
- (c) Voluntary contributions from parent(s)/step-parent/sponsor/legal guardian \$.00
- (d) Voluntary contributions from individuals other than parent(s)/step-parent/sponsor/legal guardian (e.g. self, spouse/common-law partner, grandparent(s)) \$.00

ALTERNATE ADDRESS

Give the name, address and telephone number of a contact person over 19 years of age living in Canada or the United States. If mail sent to your address is returned or if we cannot contact you by phone, this person will be contacted. Please ensure you have your contact person's authorization to enter their information below. DO NOT USE your spouse/common-law partner, a school staff member, or yourself.

- (53) LAST NAME _____
- (54) FIRST NAME _____
- (55) MIDDLE NAME _____
- (56) MAILING ADDRESS _____
- (57) MAILING ADDRESS (continued) _____
- (58) CITY / TOWN _____
- (59) COUNTRY _____
- (60) PROVINCE / STATE _____
- (61) POSTAL/ZIP CODE _____
- (62) RELATIONSHIP TO YOU A Parent/Step-Parent/Sponsor/
Legal Guardian B Other Relative C Other
- (63) AREA CODE TELEPHONE NUMBER
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RELEASE OF INFORMATION

If you are unable to contact us to check your application status, you may consent to the disclosure of any piece of your personal information related to your application status to another person designated by you by completing this section. Please ensure you have the designated person's authorization to enter their information below. Do not use a school staff member.

(64) LAST NAME _____

(65) FIRST NAME _____

(66) RELATIONSHIP TO YOU (mark one box only) A Parent/Step-Parent/Sponsor/
Legal Guardian B Spouse/Common-
Law, Partner C Other Relative D Other

STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE

This Appendix forms part of the student's Application for student financial assistance. As such, the Student Declaration and Canada Revenue Agency Consent previously signed by the student have full legal force and effect in respect of this Appendix.



SIGNATURE OF STUDENT (IN INK)

MUST BE SIGNED

PRINT NAME

PRINT HERE

(76) DATE SIGNED

YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Collection and use of information. The information included in this form and authorized above is collected under ss. 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, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.

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

EMAIL COMPLETED APPENDIX 7 TO:
SABC.AdminUnit@gov.bc.ca

Visit us on-line at www.StudentAidBC.ca

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

