2016/2017

Appendix 7

REQUEST FOR REASSESSMENT

Canada

BRITISH COLUMBIA | 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 2016/2017 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 Appendix2.

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 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 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.

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 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 Section 6 on Page 9.**

2016/2017

Appendix 7

Canada

REQUEST FOR REASSESSMENT

BRITISH COLUMBIA | StudentAidBC

What is your original 2016/2017 application number? 2 0 1 6

(Questions must be answered in ink)

The symbol ⓘ means to refer to the 2016/2017 INSTRUCTIONS booklet included in the application package and available online at www.StudentAidBC.ca

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 11. Ensure you sign and date Section 6 on Page 9. Complete all fields requesting your 2016/2017 Application Number, and questions 01 to 13.

SECTION 1 of 8 – PERSONAL INFORMATION

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

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

(02A) MIDDLE NAME

(03) MAILING ADDRESS

Apt./Suite | STREET NUMBER AND STREET NAME/PO BOX

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

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

(06) CITY/TOWN

(07) PROVINCE/STATE

(08) POSTAL/ZIP CODE

(09) COUNTRY

(10) AREA CODE ( ) TELEPHONE NUMBER -

(11) EMAIL ADDRESS: Notifications will be sent to this address

IMPORTANT!

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

(12) SOCIAL INSURANCE NUMBER

(13) STUDENT NUMBER (IF KNOWN)

(14) DATE OF BIRTH

YEAR | MONTH | DAY

(15) GENDER

☐ MALE ☐ FEMALE

(16) MARITAL STATUS (MARK ONE BOX ONLY)

☐ SINGLE A ☐ SINGLE PARENT B ☐ MARRIED C ☐ COMMON-LAW D ☐ SEPARATED/DIVORCED/WIDOWED E

SCHOOL / PROGRAM CODES

Read ⓘ page 4

or visit www.StudentAidBC.ca

(17) SCHOOL CODE

(18) PROGRAM CODE

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 ⓘ **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 ⓘ **page 5** before answering.....**(21)** ☐ YES ☐ NO

(22a) Do you identify yourself as an Aboriginal person; that is, First Nations, Métis or Inuit?.....**(22a)** ☐ YES ☐ NO

(22b) If you identify yourself as an Aboriginal person, are you: (*select all that apply*).....**(22b)**
☐ FIRST NATIONS
☐ MÉTIS
☐ INUIT

(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 B.C., Canada and outside of Canada? Include co-op work terms. To convert part-time studies, read ⓘ **page 6**. Enter "0" if none.....**(24)** MONTH ☐☐

(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 ⓘ **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 B.C. (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 ⓘ **page 7**.....**(30)** ☐ YES ☐ NO

(31) Did you answer 'YES' to any of questions 25 to 30?.....**(31)** ☐ YES (Go to 32) ☐ NO (Go to 33)

(32) Are you a resident of B.C. as defined on ⓘ **page 9**?.....**(32)** ☐ YES ☐ NO

(33) Your parents should complete **Appendix 1.**
Is your parent(s)/step-parent/sponsor/legal guardian a resident of B.C. as defined on ⓘ **page 9**?.....**(33)** ☐ YES ☐ NO

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

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 ⓘ **page 10**.....**(34a)** ☐ YES ☐ NO

(b) Enrolled in full-time study for at least two months (including high school)?.....**(34b)** ☐ YES ☐ NO

(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)**.....**(34c)** ☐ YES ☐ NO

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

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

(a) Income assistance (welfare) and/or B.C. income assistance for persons with disabilities you receive? (Do not include amount entered on **line 7a** of **Appendix 2**) Enter "0" if none.....**(35a)** $ ☐☐☐☐☐ .00

(b) Employment insurance benefits (EI) you receive? Enter '0' if none.....**(35b)** $ ☐☐☐☐☐ .00

(c) **Gross** earnings you receive from employment and net self-employment income? Read ⓘ**page 11**. Enter "0" if none.....**(35c)** $ ☐☐☐☐☐ .00

(d) Child-care subsidy you receive? (**Only one parent may claim child-care subsidy**). Read ⓘ**page 11**. Enter "0" if none.....**(35d)** $ ☐☐☐☐☐ .00

(e) Other sources of income you receive? (e.g. First Nations band funding, child support, pension, spousal support, insurance settlements, etc.). Read ⓘ **page 11**.

Specify: _____ **Enter "0" if none.**.....(**35e**) $ ☐☐☐☐☐ .00

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

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

(a) Canada student loan and/or provincial student loan regular scheduled payments made? Enter "0" if none.....**(36a)** $ ☐☐☐☐☐ .00

(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 ⓘ **page 12**.....**(36b)** $ ☐☐☐☐☐ .00

(c) Child support and/or spousal support that you pay? Read ⓘ **page 12**.....**(36c)** $ ☐☐☐☐☐ .00

(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 ⓘ **page 12**.
Enter "0" if none, or if a negative amount.....**(37)** $ ☐☐☐☐☐ .00

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

SECTION 3 of 8 – AFTER CLASSES START/STUDY PERIOD

(38) NAME OF SCHOOL

(39) PROGRAM / FACULTY Read ⓘ **page 13**.

(40) MAJOR / DEPARTMENT (IF APPLICABLE)

STUDY PERIOD DATES FOR THIS APPLICATION

(41) DATE CLASSES START — YEAR / MONTH / DAY

(42) DATE CLASSES END — YEAR / MONTH / DAY

between August 1, 2016 and July 31, 2017

IMPORTANT

Your study period cannot be more than 52 weeks and must match your school's study period dates.

(43) Between the date classes start (Question 41) and the date classes end (Question 42), will you be on a co-op/paid work term? If YES, enter earnings in Question 53.....**(43)** ☐ YES ☐ NO

(44) COURSE LOAD (MARK ONE BOX ONLY) Read ⓘ **page 14**.

100% ☐ 80% ☐ 60% ☐ 40% ☐ (for students with permanent disabilities)

(45) PROGRAM TYPE (MARK ONE BOX ONLY) Read ⓘ **page 14**.

CERTIFICATE/ CITATION ☐ **A** ASSOCIATE/ DIPLOMA ☐ **B** UNIVERSITY TRANSFER ☐ **C** BACHELOR ☐ **D** MASTER ☐ **E** DOCTORATE ☐ **F** PROFESSIONAL ☐ **G** UNCLASSIFIED/ QUALIFYING ☐ **H**

(46) What **year** of **this** program will you be in (e.g., 1st, 2nd, 3rd, 4th, etc.)? Read ⓘ **page 15**.....**(46)** YEAR ☐

(47) Will you have a full-time job during your study period? Read ⓘ **page 15** before answering.....**(47)** ☐ YES ☐ NO

(48) 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? Read ⓘ **page 15**.....**(48)** ☐ YES ☐ NO

(49) Do you need **Appendix 3**? Read ⓘ **page 25**. If "YES", have your school complete **Appendix 3.** The dates on the **Appendix 3** must match Question 41 and 42 above.....**(49)** ☐ YES ☐ NO

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

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) 11 years or younger. Include child-care subsidy from ***Question 64***. (**Only one parent may claim day-care costs.**)....**(50)** $ .00

(51) Child support and/or spousal support 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 your return trip home?. Read ⓘ **page 16**....**(52)** $ .00

INCOME: Enter '0' if none.

(53) Coop/paid work term earnings (declare earnings if you answered YES to ***Question 43***)....**(53)** $ .00

(54) Asistantships/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 payment you will **receive**....**(56)** $ .00

(57) Employment insurance (EI) benefits. (Do not include sponsored tuition/books)....**(57)** $ .00

(58) Bursaries or needs-based academic awards....**(58)** $ .00

(59) WorkSafe BC benefits....**(59)** $ .00

(60) Pension income from Children'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 scholarship....**(61)** $ .00

(62) First Nations band funding (do not include sponsored tuition/books)....**(62)** $ .00

(63) **Contributions from parent(s)/step-parent/sponsor/legal guardian FOR THIS STUDY PERIOD.** Read **(i)** page 17.

(a) All contributions including total RESPs and scholarship trust funds....**(63a)** $ .00

(b) Educational Assistance Payment (EAP) portion of any cashed RESPs and all other contributions including scholarship trust funds....**(63b)** $ .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), First Nations bands, Ministry of Social Development & Social Innovation, other government agencies and employers....**(65)** $ .00

(66) Income assistant (welfare) and/or B.C. 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 B.C. Family Bonus. Read ⓘ **page19**....**(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.? Do not include RRSPs. Enter '0' if none.....**(70)** $ .00

(71) What is the **net** worth (your share) of any assets such as revenue/holding/recreational properties, boat, RV, etc.? Do not include principal residence and motor vehicles(s) reported in *Question 73* and *73a*. Enter '0' if none.....**(71)** $ .00

(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 2015 Income Tax Return. If you did not file a 2015 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 ⓘ **page 21**.....**(72a)** $ .00

MOTOR VEHICLES (Read ⓘ **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 declared.....**(73)** ☐ **YES** (give details below) ***and answer Question 73a*** ☐ **NO** (you **must** answer Question 73a)

OWN:

YEAR	MAKE AND MODEL	TYPE	PURCHASE DATE YYY/MM	PURCHASE PRICE	RESALE VALUE
			/	$ .00	$ .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 YYY/MM	VEHICLE VALUE AT LEASE DATE	MONTHLY LEASE PAYMENTS
			/	$ .00	$ .00
			/	$ .00	$ .00
			/	$ .00	$ .00

All information is subject to audit and verification

SECTION 5 of 8– DEPENDANTS Read ⓘ page 23

(74a) Do **you** have any eligible dependants as defined on ⓘ **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 2015 TAX RETURN
	Y Y Y Y / M M / D D		
	/ /	☐ YES ☐ NO	☐ YES ☐ NO
	/ /	☐ YES ☐ NO	☐ YES ☐ NO
	/ /	☐ YES ☐ NO	☐ YES ☐ NO
	/ /	☐ YES ☐ NO	☐ YES ☐ NO

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

SECTION 6 of 8 – 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.

(75) SIGNATURE OF STUDENT (IN INK)	PRINT NAME	**(76)** DATE SIGNED
MUST BE SIGNED	PRINT HERE	Year / Month / Day

SECTION 7 of 8 – ALTERNATE ADDRESS REQUIRED

Give the name, address and telephone number of a contact person over 19 years of age living in Canada or United States. If mail sent to your address in Section 1 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.

(79) LAST NAME

(80) FIRST NAME

(80A) MIDDLE NAME

(81) MAILING ADDRESS – **IMPORTANT: All returned mail will be sent to this address**

Apt./Suite STREET NUMBER AND STREET NAME/PO BOX

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

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

(84) CITY/TOWN

(85) PROVINCE/STATE **(86)** POSTAL/ZIP CODE

(87) COUNTRY

(88) AREA CODE TELEPHONE NUMBER

( ) -

(89) Relationship to you (mark one box only)

☐ **A** Parent/Step-Parent/Sponsor/Legal Guardian ☐ **B** Other Relative ☐ **C** Other

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

SECTION 8 of 8 – RELEASE OF INFORMATION

(90) 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.

LAST NAME

FIRST NAME

Relationship to you (mark one box only)

☐ **A** Parent/Step-Parent/Sponsor/Legal Guardian ☐ **B** Spouse/Common-Law, Partner ☐ **C** Other Relative ☐ **D** Other

Note: *No information will be released unless your social insurance number or application number and date of birth are provided by this person to StudentAid BC, and the National Student Loans Service Centre or financial aid staff at the time of the inquiry.*

Collection and use of information. The information included in this form and authorized above is collected under 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.

Reminder:

- Faxes, copies or scans are accepted.
- Ensure you have signed and dated Section 6 on Page 9 to avoid application processing delays.
- Ensure all required Appendices are completed and attached.
- All information is subject to audit and verification.
- Funding cannot be issued after the date classes end.
- **Allow six weeks for your application to be processed.**

CONTACT INFORMATION	
TO REACH StudentAid BC BY PHONE: **1-800-561-1818** Tol-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 online at: **www.StudentAidBC.ca**	

Please provide an explanation for the changes made in this reassessment and attach supporting documentation / Appendices: