

**PURPOSE**

**For students to advise StudentAid BC when information provided on their current application has changed.**

***Note: If funds have already been disbursed, changes resulting from a reassessment may result in an overaward.***

**INSTRUCTIONS**

1. Provide current application number.
2. Provide brief explanation of the change on page 2.
3. Answer **ONLY** the question(s) where you are reporting a change.
4. **Sign and date** Appendix 7. Upload signed Appendix 7 to your dashboard OR email completed Appendix 7 to: StudentAidBC@gov.bc.ca.
5. Submit additional documents, as required, see below.

**ADDITIONAL DOCUMENTATION INSTRUCTIONS**

1. If you are changing your program information or study dates, please confirm with your school if an Appendix 3 is required, if so, please upload Appendix 3 with Appendix 7.
2. If you are changing your school, please confirm with your new school if an Appendix 3 or an Appendix 5 is required. If an Appendix 3 is required, please upload it with Appendix 7.
3. If you are changing your status from independent to dependant, an Appendix 1 is also required. Ensure you complete question 38a on Appendix 7.
4. If you are reporting a change to your declared income, upload a copy of your revised Income Tax Notice of Assessment.

**DEADLINE**

**Your Appendix 7 – Request for Reassessment must be received by StudentAid BC at least six weeks before study period end date as funds cannot be issued after classes end.**

**All information is subject to verification.**



# Appendix 7

## REQUEST FOR REASSESSMENT

What is your original 2019/2020 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 2.

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

SOCIAL INSURANCE NUMBER										

(4) DATE OF BIRTH

YEAR				MONTH		DAY	

(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

(    )    -

(13) E-MAIL ADDRESS: Notifications will be sent to this address \_\_\_\_\_

**PROGRAM INFORMATION**

- (14) NAME OF INSTITUTION \_\_\_\_\_
- (15) INSTITUTION CODE (if known) \_\_\_\_\_
- (16) INSTITUTION'S CITY \_\_\_\_\_
- (17) INSTITUTION'S PROVINCE/STATE \_\_\_\_\_
- (18) INSTITUTION'S COUNTRY \_\_\_\_\_
- (19) PROGRAM CODE (visit [www.StudentAidBC.ca](http://www.StudentAidBC.ca))
- (20a) Is your program being delivered online?  YES  NO
- (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 Indigenous person; that is, First Nations, Métis or Inuit?  YES  NO
- (41) If you identify yourself as an Indigenous 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 Benefit or for whom you claim a benefit on your 2018 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 2018 income tax return; or
- be your permanently disabled spouse/common-law partner who you fully support and declared on your 2018 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 2018 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 2018 tax return?	
		Year	Month	Day	YES	NO	YES	NO
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**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. \$

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

**(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? \$

**INCOME INFORMATION**

(50) Enter your reported total income from line 150 of your 2018 Income Tax Return. \$  .00  
If you did not file a 2018 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 to help meet specific educational costs 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

**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  
(  )  -

**Appendix 7 MUST BE SIGNED or it cannot be processed**

**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)	PRINT NAME	(76) DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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, Skills and Training, 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.

**UPLOAD COMPLETED AND SIGNED APPENDIX 7 TO YOUR DASHBOARD ACCOUNT.**