2022/2023

Canada

Appendix 9



REQUEST FOR REASSESSMENT FOR CANADA STUDENT GRANT ELIGIBILITY

ELIGIBILITY

To be eligible for this reassessment, you must be a full-time student and have graduated, or would have graduated, from secondary (high) school at least 10 years ago.

If you applied for StudentAid BC funding and were assessed as ineligible for the Canada Student Grant for Full-Time Students (CSG-FT) based on your **previous year's total family income**, and either you and/or your spouse/common-law partner have had, or anticipate having, a significant decrease in income for the current year, you may request a reassessment.

Note: If funding has already been disbursed, changes resulting from a reassessment may result in an overaward.

INSTRUCTIONS

- 1. Complete **Section 1 & Section 2** (if applicable)
- 2. Upload signed Appendix 9 to your student dashboard account

HOW TO CALCULATE INCOME

Your **Total Current Year Income** is your income for the calendar year in which you submitted your student financial assistance application. Add your actual income from the beginning of the calendar year up to the date of your application and your estimated income for the remainder of that calendar year to calculate your **Total Current Year Income**.

Income includes employment, pension investment, rental, RRSP, foster parent, net professional income, workers' compensation, employment insurance and disability assistance from all sources inside and outside of Canada (convert foreign currency into Canadian dollars).

For example:

If you submitted your application on November 15, 2022, add your **actual income** for January 1, 2022 to November 15, 2022 to your estimated income for November 16 to December 31, 2022 to calculate your **Total Current Year Income**.

SUBMISSION INSTRUCTIONS

Upload your completed Appendix 9 to your dashboard.

ALL INFORMATION IS SUBJECT TO VERIFICATION

2022/2023

Canada

Appendix 9



REQUEST FOR REASSESSMENT FOR CANADA STUDENT GRANT ELIGIBILITY

Complete and upload to your StudentAid BC dashb	ooard	
SECTION 1: STUDENT INFORMATION		
SOCIAL INSURANCE NUMBER	FIRST NAME APPLICATION NUMBER 2 0 2 2	MIDDLE INITIAL
	Total Current Year Ind	.00
SECTION 2: SPOUSE/COMMON LAW PARTNER INF	FORMATION (if applicable)	
LAST NAME SOCIAL INSURANCE NUMBER	FIRST NAME	MIDDLE INITIAL
Total Current Year Income: \$.00 STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE		
This Appendix forms part of the student's Application for student financial assistance. As surforce and effect in respect to this Appendix.	ch, the Student Declaration and Canada Revenue Agency Conser	It previously signed by the student have full legal
SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED YEAR MONTH DAY
SIGNATURE	PRINT HERE	
SIGNATURE OF SPOUSE/COMMON-LAW PARTNER (if applicable) SIGNATURE	PRINT HERE	DATE SIGNED YEAR MONTH DAY
Collection and use of information. The information included in this appendix and authorized Protection of Privacy Act, R.S.B.C. 1996, c. 165, and under the authority of the Canada Stude determine eligibility for a benefit through StudentAid BC and for research, statistical and evalu StudentAid BC, BC Ministry of Post-Secondary Education and Future Skills, PO Box 9173, St outside North America.	ent Financial Assistance Act, R.S.C. 1994, Chapter C-28 and Studentation purposes. If you have any questions about the collection and	ntAid BC. The information provided will be used to use of this information, contact the Executive Director,