

Student Financial Services
 Department of Education
 PO Box 2000
 16 Fitzroy Street
 Charlottetown, PE C1A 7N8
 Tel: 902 368-4640
 www.studentloan.pe.ca



2006 – 2007

Estimate of Parental Income

Office Use Only
File Number
Date Received

Student's Social Insurance Number

Student's Name Telephone Number

Address City Province Postal Code

If you, as parents, anticipate your income being **lower by at least 5%** in 2006, indicate your income from all sources and give a complete explanation. If your son/daughter receives an overpayment as a result of you underestimating your income, this over-payment may be deducted from future loans.

	Jan 1/06 – Dec 31/06	
	Parent 1	Parent 2
Gross Income		
Employment.....	\$ _____	\$ _____
Employment Insurance	_____	_____
Investments/Savings	_____	_____
Pension Benefits		
Specify: _____	_____	_____
Sick Leave Benefits	_____	_____
Other Sources		
Specify: _____	_____	_____
Specify: _____	_____	_____
Self-Employment Income		
Specify Type of Income: _____		
Gross: \$ _____	Net	
Total Income 2006	\$ _____	\$ _____

Explanation (be specific):

Declaration: I declare that the information submitted on this form is correct to the best of my knowledge and should my financial resources change, I agree to notify Student Financial Services immediately. I make this declaration knowing that it is an offense under the Canada Student Financial Assistance Act to knowingly make false statement or misrepresentation in an application form or other document or to wilfully provide any false or misleading information.

_____ Date

_____ Parent 1's Signature

_____ Date

_____ Parent 2's Signature