	Saskatchewan Advanced Education and Employment Student Financial	4635 Wascana Parkwa Box 650 Regina SK S4P 3A3 (306) 787-0923 1-800-597-8278		C	Change in Information Provincial Training Allowance				
	Assistance			File No.		For Office	e Use Only		
Client's S	SIN #		Client Sask. Pers	onal Health	No.				
Client's I	Full name			first name			middle name		
1. Client	t's New Name:	last name		first name			middle name		
	ess (include postal eck the box if th	•	,						
Date	Da	y Month Yea	r 						
		•	status, a legal separa <mark>T MARITAL STATUS</mark>	-		-	TED		
☐ Yes Date o 4. Full-T List ch	No Will to pare If no.	the client's residence ints or spouse/childre indicate the distance Month Yea Children. o your full-time dep	e in kilometers one wa <sup>ar</sup> <b>bendent children und</b> e	be located in	the same cir	ty/town as	the family ho	ome where	
	ou FULL-TIME (15 or		Sask. Personal Heal		Date		require day- care for this	ls daycare subsidized?	
	nuent's Last Name a	lu Given Name		day	month	year	child?	□ Yes □ No	
				day III day	month	year	Yes No	Yes No	
							□ Yes □ No	□ Yes □ No	
			ewan Personal Health parate sheet stating all			ation of wh	ny they do no	ot have a	
Date	of Change:	ay Month Yea	ar						
	DTE: If changes are	to parental depender	nts, the <b>PARENTAL SE</b>	CTION ON T	HE APPLICA	ATION MUS	ST BE COM	PLETED.	

List changes being made to your part-time ( (PART-TIME means 14 days or less of the m					Indicate number of days per month child lives
Dependent's Last Name and Given Name	Sask. Personal	Health No.	Birth Date		with you
			day month	n year	
			1		
			day month	year	
			day month	n year	
			1		
If your dependent(s) does not have a Saskato number. If more space is required, attach a s					ly they do not have a
Date of Change:					
NOTE: If changes are to parental dep	endents the <b>PAREN</b>	ITAL SECTI	ON ON THE AI	PPLICATION I	NUST BE COMPLET
ncome. Check (🖌) one: 🗖 Client Day Month	Spouse		AMOUNT: \$	(Gross Inco	per month
ncome. Check () one:  Day Month Date of Change: Type of Income. Check () one:	Spouse Year	NEW	AMOUNT: \$		per month
ncome. Check (✔) one:       □ Client         Day       Month         Date of Change:       □         Type of Income. Check (✔) one:       □         Total Full-time Employment       □	Spouse Year  Par	<b>NEW</b> t-time Emplo	AMOUNT: \$	(Gross Inco	per month
Date of Change: Day Month Date of Change: Day Month Dype of Income. Check () one: Full-time Employment Employer Information (If more than	Spouse Year  Par	<b>NEW</b> t-time Emplo	AMOUNT: \$	(Gross Inco	per month
ncome. Check (✔) one:       □ Client         Day       Month         Date of Change:       □         Type of Income. Check (✔) one:       □         Total Full-time Employment       □	Spouse Year  Par	<b>NEW</b> t-time Emplo	AMOUNT: \$	(Gross Inco ation)	per month
Date of Change: Type of Income. Check () one: Type Type Employment Type Information (If more than below the second seco	Spouse Year  Par	NEW t-time Emplo	AMOUNT: \$	(Gross Inco (Gross Inco ation) eet Address	per month
Date of Change: Day Month   Oate of Change: Day Month   Oppe of Income. Check () one:   O Full-time Employment   Employer Information (If more than Name of Employer	Spouse Year  Par	NEW t-time Emplo	AMOUNT: \$ byment ditional informa Stre	(Gross Inco (Gross Inco ation) eet Address	per month <i>me)</i>
ncome. Check () one: Client Day Month Date of Change:  ype of Income. Check () one: Full-time Employment Employer Information (If more than Name of Employer City/Town	Spouse Year Pear Par Par Par Par Par Par Par Par Par P	NEW	AMOUNT: \$ byment ditional informa Stre ce/State	(Gross Inco. ation) eet Address	per month <i>me)</i>
ncome. Check () one:   Day   Day   Month   Day   Month   Day   Month   Jege of Change:   Jege of Income. Check () one:	Spouse Year Par Par n one employer, att Expenses)	NEW	AMOUNT: \$ byment ditional informa Stre L L L L ce/State L L L L	(Gross Inco. ation) eet Address	per month me)
ncome. Check (✔) one:       □ Client         Day       Month         Date of Change:       □         Type of Income. Check (✔) one:       □         Full-time Employment       Employer Information (If more than City/Town         City/Town       □         Self-Employment Insurance (EI) Benefits/HRS	Spouse Year Par none employer, att	NEW	AMOUNT: \$ byment ditional informa Stra ce/State	(Gross Inco. ation) eet Address Phone Nu Phone Nu d Income ance/Immigrati	per month me)
ncome. Check () one: Day Month Date of Change: Type of Income. Check () one: Type of Incom	Spouse Year Par none employer, att	NEW	AMOUNT: \$ byment ditional informa Stre Se/State //Room & Board tlement Assista ers' Compensat	(Gross Inco. ation) eet Address Phone Nu Phone Nu d Income ance/Immigrati	per month me)
ncome. Check () one:   Day   Day   Month   Day   Month   Day   Month   Jete of Change:   Jype of Income. Check () one:   Full-time Employment   Employer Information (If more that Name of Employer   Name of Employer   City/Town   Self-Employment (Gross minus Operating Employment Insurance (EI) Benefits/HRS Survivor/Old Age/Retirement/Disabled Be Alimony Support	Spouse Year Par none employer, att	NEW t-time Emplo tach the add Provinc Provinc Renta Resett Worke	AMOUNT: \$ byment ditional information Stree L L L L ce/State L L L L ce/State L L L L tement Assistant tement Assistant support	(Gross Inco. ation) eet Address Phone Nu Phone Nu d Income ance/Immigrati	per month me)
ncome. Check () one: Day Month Day Month Day Month Type of Change: Type of Income. Check () one: Type of Income.	Spouse Year Par none employer, att	NEW	AMOUNT: \$ byment ditional informa Stre Se/State //Room & Board tlement Assista ers' Compensat	(Gross Inco.	per month me)
ncome. Check () one: Day Month Day Mont	Spouse Year Par none employer, att	NEW	AMOUNT: \$ byment ditional information Stree L L L L ce/State L/Room & Boart tlement Assista ers' Compensat Support n's/Disabled C	(Gross Inco. ation) eet Address Phone Nu Phone Nu I I I I Mone Nu I I I I I I I I I I I I I I I I I I I	per month me)
ncome. Check () one: Client Day Month Date of Change:  ype of Income. Check () one: Full-time Employment Employer Information (If more than Name of Employer City/Town Self-Employment (Gross minus Operating Employment Insurance (EI) Benefits/HRS Survivor/Old Age/Retirement/Disabled Be Alimony Support Investment Interest/Dividend Indian and Northern Affairs Allowance (IN Scholarships. Specify	Spouse Year Year Par <b>n one employer, att</b> <b>n one employer, att</b> <b>n one employer</b> <b>n</b> one employer <b>n</b> on	NEW	AMOUNT: \$ byment ditional informa Stre se/State I/Room & Boar tlement Assista ers' Compensat Support n's/Disabled C Band Funding	(Gross Inco. ation) eet Address Phone Nu Phone Nu I I I I Phone Nu I I I I Phone Su I I I I Phone Su I I I I I I I I I I I I I I I I I I I	per month me)
ncome. Check () one: Client Day Month Date of Change:  Type of Income. Check () one: Full-time Employment Employer Information (If more than Name of Employer City/Town Self-Employment (Gross minus Operating Employment Insurance (EI) Benefits/HRS Survivor/Old Age/Retirement/Disabled Be Alimony Support Investment Interest/Dividend Indian and Northern Affairs Allowance (IN	Spouse Year Year Par n one employer, att Spouse performent	NEW	AMOUNT: \$ byment ditional informa Stre se/State l/Room & Boart tlement Assista support n's/Disabled C Band Funding tional Employn	(Gross Inco. ation) eet Address Phone Nu Phone Nu I I I Phone Nu I I I I d Income Ince/Immigrati tion hild Benefits	per month me)

**NOTE:** If more than one income has changed, provide the amount for each type of income.

	rovincial Training Allowance or student loans. ❑ No
Indicate the dates spouse will be attending school	Day Month Year Day Month Year Comparing the second
7. Other Changes. Give details:	
DATE OF CHANGES:	
NOTE: CHANGES MUST BE AUT	THORIZED BY OFFICIAL OF TRAINING CENTRE
Name of School and address you want schoo	ol's copy of PTA results mailed to:
AUTHORIZED SCHOOL OFFICIAL:	CLIENT SIGNATURE:
X Signature	X Signature
Date	Date
STATISTICIAL MUST HAVE SIGNING A	AUTHORITY DOCUMENTED BY PTA UNIT