



**Saskatchewan
Advanced Education
and Employment**

Student Financial
Assistance

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(306) 787-0923
1-800-597-8278

Change in Information

Provincial Training Allowance

File No.

For Office Use Only

Client's SIN #

Client Sask. Personal Health No.

Client's Full name _____
last name first name middle name

1. Client's New Name: _____
last name first name middle name

2. Address (include postal code and phone number):

Check the box if this is a new address

Date of Change:
Day Month Year

NOTE: If there are changes to marital status, a legal separation agreement OR a completed **DECLARATION - CHANGE IN CLIENT MARITAL STATUS FORM MUST ALSO BE SUBMITTED**

3. Living Situation. Check (✓) to indicate yes or no

- Yes No Will the client be living in the family home where parents or spouse/children reside?
 Yes No Will the client's residence while attending school be located in the same city/town as the family home where parents or spouse/children reside?
 If no, indicate the distance in kilometers one way:

Date of Change:
Day Month Year

4. Full-Time Dependent Children.

List changes being made to your full-time dependent children under the age of 19 years who live with you FULL-TIME (15 or more days of the month).

| Dependent's Last Name and Given Name | Sask. Personal Health No. | Birth Date | Do you require day-care for this child? | Is daycare subsidized? |
|--------------------------------------|---------------------------|---|---|---|
| <input type="text"/> | <input type="text"/> | <small>day month year</small> <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"/> | <small>day month year</small> <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"/> | <small>day month year</small> <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If your dependent(s) does not have a Saskatchewan Personal Health Number provide an explanation of why they do not have a number. If more space is required, attach a separate sheet stating all of the above information.

Date of Change:
Day Month Year

NOTE: If changes are to parental dependents, the **PARENTAL SECTION ON THE APPLICATION MUST BE COMPLETED.**

Part-Time Dependent Children.

List changes being made to your part-time dependent children under the age of 19
(PART-TIME means 14 days or less of the month).

| Dependent's Last Name and Given Name | Sask. Personal Health No. | Birth Date | Indicate number of days per month child lives with you |
|--------------------------------------|---------------------------|----------------|--|
| | | day month year | |
| | | day month year | |
| | | day month year | |

If your dependent(s) does not have a Saskatchewan Personal Health Number provide an explanation of why they do not have a number. If more space is required, attach a separate sheet stating all of the above information.

Date of Change:

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

NOTE: If changes are to parental dependents, the PARENTAL SECTION ON THE APPLICATION MUST BE COMPLETED.

5. Income. Check (✓) one: Client Spouse **NEW AMOUNT:** \$ _____ per month
(Gross Income)

Date of Change:

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

Type of Income. Check (✓) one:
 Full-time Employment Part-time Employment

| Employer Information (If more than one employer, attach the additional information) | | |
|---|----------------|----------------------------|
| Name of Employer | Street Address | |
| City/Town | Province/State | Phone Number and Area Code |

- Self-Employment (Gross minus Operating Expenses)
- Employment Insurance (EI) Benefits/HRSD Income
- Survivor/Old Age/Retirement/Disabled Benefits
- Alimony Support
- Investment Interest/Dividend
- Indian and Northern Affairs Allowance (INAC)
- Scholarships. Specify _____
- RESP/Scholarship Trust Fund or other Educational Funding
Specify _____
- Other Income. Specify _____
- Rental/Room & Board Income
- Resettlement Assistance/Immigration Funding
- Workers' Compensation
- Child Support
- Orphan's/Disabled Child Benefits
- Indian Band Funding
- Transitional Employment Allowance (TEA)
- Bursaries. Specify _____
- Other Educational Funding/Training Allowance
- No income other than Provincial Training Allowance

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

