

Student Financial Assistance

4635 Wascana Parkway Box 650 Regina SK S4P 3A3 (306) 787-0923 1-800-597-8278

Declaration - Change in *Client* Marital Status **Provincial Training Allowance**

	File No.	For Office U	lse Only	
Sas	katchewan Pe	ersonal Health No		
vn/villag		in the Province o	of Saskatchewa	n,
ated	☐ Divor	ced □ Widowe	d	

full name of client	, Of city/town/village	, in the Province	e of Saskatchev
CLARE THE FOLLOWING:			
My marital status has changed. My <i>NEW</i> marital status: ☐ Ma	rried □ Separated	☐ Divorced ☐ Widow	wed
❖IF YOU INDICATED ABOVE THAT YOU the Provincial Training Allowance applic declaration. If this information is not rec	ation must be completed <u>BY</u>	YOUR SPOUSE and atta	ched to this
This change in my marital status co	mmenced on	day of , 2	20
have custody of the following: List all your dependent children und FULL-TIME (15 or more days of the more Dependent's Last Name and Given Name	•	vho live with you	Do you require day- Is dayca care for this subsidiz
	Sask. Personal Health No.	I Birth Date	child?
begendent's East Name and Given Name		day month year	1
Seperacing Last Name and Given Name		day month year	☐ Yes ☐ Ye
Seperating Last Name and Given Name		day month year day month year	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes
Seperating Last Name and Given Name			☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes
If your dependent(s) does not have a Saskato	thewan Personal Health Numbe	day month year day month year day month year r provide an explanation of w	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ No ☐ N
If your dependent(s) does not have a Saskato number. If more space is required, attach a se	chewan Personal Health Numbe	day month year day month year day month year r provide an explanation of wabove information.	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ No ☐ N
If your dependent(s) does not have a Saskato number. If more space is required, attach a se ist all your dependent children und	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years were stated to the state of the age of 19 years were stated to the state of the age of 19 years were stated to the state of the age of 19 years were stated to the state of the	day month year day month year day month year r provide an explanation of wabove information.	Yes
If your dependent(s) does not have a Saskato number. If more space is required, attach a so ist all your dependent children und ART-TIME (14 days or less of the mon	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years with).	day month year day month year day month year r provide an explanation of wabove information.	Yes No No No No No No No N
If your dependent(s) does not have a Saskato number. If more space is required, attach a so ist all your dependent children und ART-TIME (14 days or less of the mon	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years were stated to the state of the age of 19 years were stated to the state of the age of 19 years were stated to the state of the age of 19 years were stated to the state of the	day month year day month year day month year r provide an explanation of wabove information.	Yes
if your dependent(s) does not have a Saskato umber. If more space is required, attach a so ist all your dependent children und ART-TIME (14 days or less of the mon	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years with).	day month year day month year day month year r provide an explanation of wabove information. who live with you Birth Date	Yes
if your dependent(s) does not have a Saskato umber. If more space is required, attach a so ist all your dependent children und ART-TIME (14 days or less of the mon	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years with).	day month year day month year day month year r provide an explanation of wabove information. who live with you Birth Date	Yes
f your dependent(s) does not have a Saskato umber. If more space is required, attach a so ist all your dependent children und ART-TIME (14 days or less of the mon	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years with).	day month year day month year day month year r provide an explanation of wabove information. who live with you Birth Date day month year	Yes
If your dependent(s) does not have a Saskato	chewan Personal Health Number eparate sheet stating all of the adder the age of 19 years with).	day month year day month year day month year r provide an explanation of wabove information. who live with you Birth Date day month year	Yes

1 - Change in Client Marital Status

4. If you are now separated or divorce ☐ Yes ☐ No	ed, were there a	assets divid	ded between	yourself and your s	pouse?
If yes, complete the following inform	nation about yo	ur assets a	as of the date	e of separation.	
☐ Check the box if you do not have a	ny assets.				
Cash as of date of separation:	\$,				
Registered Retirement Savings	Plans (RRS	Ps) as of th	ne first day of	your study period:	
Name of RRSP	Purchase Day Month	P Date Year	Current Ma	rket Value	
	+++-		\$		
			\$		
			\$		
Other Financial Investments as	of the first day o	f your study	period:		
Name of Financial Investment	Day Month	P Date Year	Current Ma	rket Value	
		1 1 1			
			\$		
			\$, , ,		
Vehicles as of the first day of your stu	udy period. Attac	h a copy of	your lease agr	reement if the vehicle i	s leased.
Year Make and Model		Puro Day Mon	thase Date	Current Market Value	Vehicle is Leased?
				\$	□ No
				\$, , , , , ,	☐ Yes ☐ No
				\$, , , , , ,	□ Yes □ No
5. Are you receiving child support or a	alimony?	Yes	□ No		
If yes, indicate the amount per mor	nth: \$	c	hild support	\$	alimony
SEE YOUR TR	AINING CENT	RE IF YOU	J HAVE ANY	QUESTIONS.	
Name of School and address you	vant school's	copy of D	TA roculte n	nailed to:	
Thaine of School and address you	want School S	copy of F	IA IESUIIS II	nalieu lo.	
I MAKE THIS DECLARATION con	scientiously, be	lieving it to	be true.		
Declared before me:	D	ate:			20
X	v	,			
Authorized School Official	^	`Sig	nature of Client	<u> </u>	