



**Saskatchewan
Advanced Education
and Employment**

Student Financial
Assistance

4635 Wascana Parkway
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Regina SK S4P 3A3
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1-800-597-8278

In the matter of Provincial Training Allowance

Statutory Declaration - Dependent Children

Client Saskatchewan Personal Health No. _____ Client Social Insurance No. _____

I, _____, of _____, _____,
Full name of student City/town/village Province

Solemnly declare that:

I have full-time custody and the following children live with me at least 50% of the time:

Legal Given Name	Legal Surname	Sask. Health Services No	Check (✓) if child does not have an HSN#	Date of Birth		
				Day	Month	Year
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

And I make this Solemn Declaration conscientiously, believing it to be true, and knowing it is of the same force and effect as if made under Oath.

X _____, 200 _____
Signature of Student Date

NOTE: The following declaration must be signed by a third party professional (i.e, doctor, lawyer, clergy, councillor, social worker) who can verify the children declared above are in fact living with the student at least 50% of the time.

I, _____ of _____, _____,
Name City, town, village Province

solemnly declare that I have knowledge that the above dependent children live with _____
at least 50% of the time.

Name of student

_____, 200 _____
Signature Date

Profession