

Application for Provincial Training Allowance

Bar Code

FOR OFFICE USE ONLY

Date Received	File Number	Application Number
	Mailing School _____	
	____ Verification Checked	____ Initial
	____ Program Approved Checked	____ Signature Checked
	____ Non-Sap	____ Last Sap Rec'd

APPLICANT DEMOGRAPHIC

2006

Social Insurance Number (SIN) I do not have SIN

Date of Birth Day Month Year

Sask. Health Services Number (HSN) I do not have HSN

Sask. Driver's License (PIC) No. I do not have PIC

Gender Male Female

Legal Surname Legal Given Name Legal Middle Name

Helpful Tips

If you do not have a valid Social Insurance Number, Saskatchewan Health Services Number (HSN) or valid Saskatchewan Driver's License (PIC), check the appropriate box.

We cannot provide assistance without a valid Social Insurance Number. If you do not have one, contact Human Resources and Social Development Canada. We cannot process your application without proof of identity (copy of your Social Insurance Card).

We cannot provide assistance without a valid Saskatchewan Health Services Number. If you do not have one, contact Saskatchewan Health.

If your mailing address changes, notify Student Financial Assistance Branch immediately.

If you fail to update your mailing address and we are unable to contact you, correspondence will be forwarded to the Next of Kin.

MAILING ADDRESS (where you want your documents sent):

Apt # Street/Box No.

City/Town Prov/State Country (other than Canada)

Postal Code/Zip Code Area Code and Home Telephone Area Code and Business Telephone

Email Address

APPLICANT'S NEXT OF KIN (other than spouse or dependent):

Check (✓) the box if your Next of Kin address and home telephone number are the same as above.

Legal Surname Legal Given Name Legal Middle Name

Apt # Street/Box No.

City/Town Prov/State Country (other than Canada)

Postal Code/Zip Code Area Code and Home Telephone

APPLICANT CATEGORY

Indicate your Marital Status. If your Marital Status is anything other than single, please include a commencement date.

Single Married Common-law Separated Divorced Widowed

Commencement Date:

Day Month Year

If you have checked Married or Common-law above, your spouse/partner is required to complete **Section 3 - Spouse of Married/Common-Law Applicant**

Refer to page 2 of the Instructions for common-law information.

APPLICANT DEPENDENTS

Dependent's Legal Given Name

Sask. Health Services Number

Does not have HSN

Dependent's Legal Surname

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Sask. Health Services Number

Does not have HSN

Dependent's Legal Surname

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Sask. Health Services Number

Does not have HSN

Dependent's Legal Surname

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Sask. Health Services Number

Does not have HSN

Dependent's Legal Surname

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Sask. Health Services Number

Does not have HSN

Dependent's Legal Surname

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Helpful Tips

List all of your dependent children living with you and on your Saskatchewan Health Services record. Refer to the Instructions for exceptions. The information reported here must be current as of the date of application.

Refer to page 2 of the Instructions for exceptions.

You must answer both daycare questions if you require daycare allowance.

Daycare expenses will be calculated at a flat rate for subsidized or unsubsidized daycare for each dependent listed and verified through the Child Care Subsidy Office.

For information on Child Care Subsidy, call 1-800-667-7155.

APPLICANT DEPENDENTS

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Does not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Does not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Does not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Does not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Does not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require full-time daycare for this dependent? Yes No

If yes, is daycare subsidized? Yes No

SINGLE STUDENTS WITHOUT DEPENDENTS

If you are a single student with no dependents and have never been married or lived in a common-law relationship, you must complete the questions below to determine whether you are a single dependent or single independent student.

- I have been out of Elementary/High School for four years or more (June 2002 or earlier).
- Since leaving Elementary/High School, I have not been a full-time student and I have been employed or seeking employment for two periods of 12 consecutive months.
- My parents are deceased and I have no legal guardian.
- None of the above statements apply to me. Therefore, you are a **"Dependent Student"** and your parent(s), guardian(s) or official sponsor(s) are required to complete **Section 2 - Parental Information** because your parents' income will be considered in determining your financial need.

Helpful Tips

If one of the first three questions describes your situation, you are considered an independent student.

Students who are not in full-time study are considered to be actively seeking employment, including those in receipt of Employment Insurance Benefits or Social Assistance.

APPLICANT ELIGIBILITY

Citizenship

Check (✓) the box which applies to you. If none of these apply to you, you are not eligible for financial assistance under the Provincial Training Allowance Program.

- You are a **Canadian citizen**.
- You are a **Landed Immigrant/Permanent Resident of Canada**.
Date Landed in Canada: _____
- You are a **Protected Person**.
You must submit a copy of your "Permit to Remain in Canada".
Date Landed in Canada: _____

Day	Month	Year

Day	Month	Year

STATUS DECLARATION (the following information is voluntary)

Aboriginal Ancestry

Aboriginal people are those who identify themselves to be North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit. Based on this definition, do you consider yourself to be of Aboriginal ancestry?

- Yes No

If yes, please indicate below which group you belong to:

- Métis Non-Status Indian Inuit Treaty/Registered/Status Indian

Treaty Number: _____

Visible Minority Status

Visible minority persons are persons other than Aboriginal people, who are people of colour. For example; African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, do you consider yourself to be a visible minority person?

- Yes No

Disability Status

Permanently Disabled persons are persons whose disability is of a permanent nature. The disability limits their physical and/or mental ability to perform the daily activities necessary to participate fully in post-secondary studies or in the labour force.

Based on this definition, do you consider yourself to be permanently disabled? Yes No

Indicate the nature of your disability:

- Learning Disability Acquired Brain Injury Physical Disability
- Deaf/Hard of Hearing Cognitive Impairment Mental Health Disability
- Blind/Visually Impaired Other. Specify _____

APPLICANT INCOME

Check the box if you will not have any income while you are in school.

Enter the **gross monthly** income, before deductions, you expect to receive while you are in school.

Gross Monthly Income

Full-time Employment	\$ _____ .00
Part-time Employment	\$ _____ .00
Self-Employment (Gross Income minus Operating Expenses)	\$ _____ .00
Income from Rental/Room & Board	\$ _____ .00
Employment Insurance (EI) Benefits/HRSD Income	\$ _____ .00
Resettlement Assistance/Immigration Funding	\$ _____ .00
Survivor/Old Age/Retirement/Disabled Benefits	\$ _____ .00
Workers' Compensation	\$ _____ .00
Social Assistance	\$ _____ .00
Alimony Support	\$ _____ .00
Child Support	\$ _____ .00
Investment Interest/Dividend	\$ _____ .00
Orphan's/Disabled Child Benefits	\$ _____ .00
Indian and Northern Affairs Allowance (INAC)	\$ _____ .00
Indian Band Funding	\$ _____ .00
Transitional Employment Allowance (TEA)	\$ _____ .00
RESP/Scholarship Trust Fund or Other Educational Savings Plan. Specify _____	\$ _____ .00
Other Educational Funding/Training Allowance Specify _____	\$ _____ .00
Other Income. Specify _____	\$ _____ .00

REMEMBER: Keep statements/paystubs. You will be asked to verify your income every 4 months. You are required to verify from the first day of the month your program starts to the last day of the last month you receive PTA.

Report Total (not monthly) income you will receive from scholarships and bursaries for the 2006-07 academic year:

Scholarships. Specify _____	\$ _____ .00
Bursaries. Specify _____	\$ _____ .00

Study Period Employer

Name of Employer 1		Street Address	
_____		_____	
City/Town	Prov/State	Area Code and Telephone Number	
_____	_____	_____-____-____	
Name of Employer 2		Street Address	
_____		_____	
City/Town	Prov/State	Area Code and Telephone Number	
_____	_____	_____-____-____	

Helpful Tips

If you have no income to claim during this period, check the box to indicate that you will not have any income.

List your Employer information. If you need more space, attach a separate sheet.

BANKING INFORMATION

ATTACH A VOID CHEQUE OR
COMPLETE THE BANKING INFORMATION AREA BELOW (SEE EXAMPLE).

BANK INFORMATION (ELECTRONIC FUNDS TRANSFER)

MICR Bank Transit Number

Account Number

Full Name, Address and Telephone Number of Bank

If you require assistance completing the bank information, please contact your financial institution

EXAMPLE:

||999|| ||99999||999|| 999||999||9||

1

2

3

4

— This is the cheque number (do not enter this number).

— This is the branch number (5-digit number).

— This is the institution number (3-digit number).

— This is the account number used for direct deposit

NOTE: Your Provincial Training Allowance will be transferred directly to this bank account.

APPLICANT CONSENTS, AUTHORIZATIONS AND AGREEMENTS

I apply for financial assistance under *The Training Allowance Regulations*.

Declaration:

I declare that all the information and documents that I have provided and will provide in and with this application are or will be to the best of my knowledge, complete and accurate. I am aware that to knowingly provide false information to induce the Province of Saskatchewan to grant financial assistance is an offence under the *Criminal Code of Canada*.

Agreement and Reporting Requirements:

I agree to promptly notify Student Financial Assistance Branch in writing of any changes, including but not limited to my name, address, marital status, family size, educational institution, program of study, program start and/or end dates, income, expenses and assets, as they occur.

I agree to promptly provide all information and documentation required by the Minister of Saskatchewan Advanced Education and Employment and his/her designate(s), to verify or audit my entitlement to financial assistance.

I agree to repay any outstanding overpayments following the discontinuation or completion of this training program.

APPLICANT CONSENTS, AUTHORIZATIONS AND AGREEMENTS

Release of Information:

I hereby

- (1) authorize the disclosure and release by any person, individual, corporation, organization, government or government agency (collectively "any third party") of any of my information or documents, including personal information and personal health information (collectively "information") to the Minister of the Department of Advanced Education and Employment for Saskatchewan ("the Minister") or the Minister's agents or assigns; and
- (2) consent to the Minister releasing information to any third party; for any purpose respecting the administration by the Minister or her agents and assigns of financial assistance available to me or that may be available to me and for any purpose relating to the collection of amounts that I may owe to the Minister pursuant to *The Training Allowance Regulations*.

	Day Month Year
Signature of Applicant	Date Signed

Helpful Tips

Signature must appear in both areas in ink. Applications not signed, dated or missing SIN number will be returned causing delays in processing this application.

Information regarding your application or assessment cannot be released to anyone but you. If you wish your spouse or your parents/guardians to have access to this information, you must complete the Consent to Release Information form, included with this package, and submit it with your application.

CANADA REVENUE AGENCY RELEASE

I hereby consent to the release, by the Canada Revenue Agency to an official of Saskatchewan Advanced Education and Employment, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility entitlement for the general administration and enforcement of Financial Assistance under the *Government Organization Act* and *The Training Allowance Regulations* of Saskatchewan, and will not be disclosed to any other person or organization without my approval. This later authorization is valid for the:

- a) taxation year prior to the year of signature; and
- b) the current taxation year; and
- c) each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.

	Social Insurance Number	Day Month Year
Signature of Applicant		Date Signed

SECTION 2 - Parents, Guardians or Sponsor of Single Dependent Applicant

The information below pertains to the following applicant file:

Applicant SIN <input type="text"/>	Applicant Legal Surname <input type="text"/>	Applicant Legal Given Name <input type="text"/>
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For file reference purposes, provide the name and Social Insurance Number of the dependent applicant.

PARENT 1 - DEMOGRAPHIC

2006

Social Insurance Number <input type="text"/>	I do not have SIN <input type="checkbox"/>	Date of Birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Sask. Health Services Number (HSN) <input type="text"/>	I do not have HSN <input type="checkbox"/>
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Gender: Male Female

Legal Surname <input type="text"/>	Legal Given Name <input type="text"/>	Legal Middle Name <input type="text"/>
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Relationship to Applicant. Check the appropriate box:

Parent Guardian Step-Parent Sponsor

If you filed an income tax return for 2005, indicate the dollar figure for each of the applicable line numbers below and attach a copy of your income tax return to verify these amounts:

150 Total Income \$ <input type="text"/>	308 CPP Contributions \$ <input type="text"/>	310 CPP Contributions \$ <input type="text"/>
---	--	--

312 EI Premiums \$ <input type="text"/>	330 Medical Expenses \$ <input type="text"/>	435 Federal/Provincial Taxes payable \$ <input type="text"/>
--	---	---

If you did **NOT** file a 2005 income tax return, enter your total income from all sources for 2005: \$

If you did not have any income in 2005, check the box.

If you will have a substantially lower income for 2006, check the box and a 2006 Reduced Income Statement (RIS) will be sent to you.

Helpful Tips

If you do not have a valid Social Insurance Number (SIN) or Saskatchewan Health Services Number (HSN), check the appropriate box.

Include copies of your income tax form showing line numbers indicated. The Canada Revenue Agency Notice of Assessment or your T4 does not provide all of the required information and will NOT be accepted.

A Reduced Income Statement is used only when there is a parental contribution expected.

PARENT 2 - DEMOGRAPHIC

Social Insurance Number <input type="text"/>	I do not have SIN <input type="checkbox"/>	Date of Birth Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Sask. Health Services Number (HSN) <input type="text"/>	I do not have HSN <input type="checkbox"/>
---	---	--	--	---

Gender: Male Female

Legal Surname <input type="text"/>	Legal Given Name <input type="text"/>	Legal Middle Name <input type="text"/>
---------------------------------------	--	---

Relationship to Applicant. Check the appropriate box:

Parent Guardian Step-Parent Sponsor

If you filed an income tax return for 2005, indicate the dollar figure for each of the applicable line numbers below and attach a copy of your income tax return to verify these amounts:

150 Total Income \$ <input type="text"/>	308 CPP Contributions \$ <input type="text"/>	310 CPP Contributions \$ <input type="text"/>
---	--	--

312 EI Premiums \$ <input type="text"/>	330 Medical Expenses \$ <input type="text"/>	435 Federal/Provincial Taxes payable \$ <input type="text"/>
--	---	---

If you did **NOT** file a 2005 income tax return, enter your total income from all sources for 2005: \$

If you did not have any income in 2005, check the box.

If you will have a substantially lower income for 2006, check the box and a 2006 Reduced Income Statement (RIS) will be sent to you.

If you are separated or divorced, the custodial parent is the parent with whom the applicant normally resides and only the information of this parent is required.

If the custodial parent remarried or the step-parent has legally adopted the applicant, the step-parent is required to complete the information for Parent 2.

DEMOGRAPHIC - PARENT 1 AND 2

Indicate your Marital Status. If your Marital Status is anything other than single, please include a commencement date.

Single Married Common-law Separated Divorced Widowed

Commencement Date:

Day	Month	Year

Mailing Address

If your current mailing address and home telephone number is the same as the Next of Kin address in Section 1 for the Applicant, check the box.

Apt # Street/Box No.

City/Town

Prov/State

Country (other than Canada)

Postal Code/Zip Code

Area Code and Home Telephone Number

PARENT DEPENDENTS

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Social Insurance Number

Date of Birth

Does not have HSN

Does not have SIN

Day	Month	Year

Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education? Yes No

Helpful Tips

List all dependent children living in the household, excluding the applicant.

If you have two or more dependent children in full-time post-secondary education or Adult Basic Education, the parental contribution is divided accordingly.

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Social Insurance Number

Date of Birth

Does not have HSN

Does not have SIN

Day	Month	Year

Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education? Yes No

Dependent's Legal Given Name

Dependent's Legal Surname

Sask. Health Services Number

Social Insurance Number

Date of Birth

Does not have HSN

Does not have SIN

Day	Month	Year

Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education? Yes No

DECLARATION BY PARENTS, GUARDIANS OR SPONSOR

I **declare** that all the information and documents that I have provided and will provide in and with this application are or will be to the best of my knowledge, complete and accurate. I am aware that to knowingly provide false information to induce the Province of Saskatchewan to grant financial assistance is an offence under the *Criminal Code of Canada*.

RELEASE OF INFORMATION:

I (we) hereby:

- (1) authorize the disclosure and release by any person, individual, corporation, organization, government or government agency (collectively "any third party") of any of my information or documents or of my applicant child, including personal information and personal health information (collectively "information") to the Minister of the Department of Advanced Education and Employment for Saskatchewan ("the Minister") or the Minister's agents or assigns; and
- (2) consent to the Minister releasing information to any third party; for any purpose respecting the administration by the Minister or her agents and assigns of financial assistance available to my applicant child that may be available to my applicant child and for any purpose relating to the collection of amounts that my applicant child may owe to the Minister pursuant to *The Training Allowance Regulations*.

Signature of Parent 1

Day	Month	Year

Date Signed

Signature of Parent 2

Day	Month	Year

Date Signed

Helpful Tips

Signature of both parents (if two-parent family) must appear in ink. Applications not signed or dated will be returned causing delays in the processing of this application.

CANADA REVENUE AGENCY RELEASE

I hereby consent to the release, by the Canada Revenue Agency to an official of Saskatchewan Advanced Education and Employment, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my applicant child's eligibility entitlement for the general administration and enforcement of Financial Assistance under the *Government Organization Act* and *The Training Allowance Regulations* of Saskatchewan, and will not be disclosed to any other person or organization without my approval.

This later authorization is valid for the:

- a) taxation year prior to the year of signature; and
- b) the current taxation year; and
- c) each subsequent consecutive taxation year for which assistance is requested by my dependent.

Signature of Parent 1

--	--	--	--	--	--	--	--	--	--

Social Insurance Number

Day	Month	Year

Date Signed

Signature of Parent 2

--	--	--	--	--	--	--	--	--	--

Social Insurance Number

Day	Month	Year

Date Signed

Signature of both parents (if two-parent family) along with SIN number must appear in ink. Applications not signed, dated or missing SIN number will be returned causing delays in the processing of this application.

SECTION 3 - SPOUSE OF MARRIED/Common-LAW APPLICANT

The information below pertains to the following applicant file:

Applicant SIN

Applicant Legal Surname

Applicant Legal Given Name

For file reference purposes, provide the name and Social Insurance Number of the applicant.

SPOUSE DEMOGRAPHIC

2006

Social Insurance Number (SIN)

I do not have HSN

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sask. Health Services Number (HSN)

I do not have HSN

Sask. Driver's License (PIC) No.

I do not have PIC

Gender

Male

Female

Legal Surname

Legal Given Name

Legal Middle Name

Date Graduated or Last Date Attended High School:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check the box if your address and home telephone number are the same as the applicant's.

Apt # Street/Box No.

City/Town

Prov/State

Country (other than Canada)

Postal Code/Zip Code

Area Code and Home Telephone

Study Period Information

Check the appropriate box to indicate what you will be doing while your spouse is in school.

Employed Full-time

Self-employed

Employed Part-time

Attending High School

Unemployed

Check (✓) the box if you will be a full-time student during 2006/2007 and you are also applying for student loans.

Check (✓) the box if you will be a full-time student during 2006/2007 and you are applying for Provincial Training Allowance.

If you checked either of the boxes above, please indicate the dates you will be attending school:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Start Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

End Date

Helpful Tips

If you do not have a valid Social Insurance Number (SIN) or Saskatchewan Health Services Number (HSN), check the appropriate box.

Full-time employment is 30.9 hours per week. Part-time is anything less than that.

If you are attending full-time studies and applying for student loans or PTA, remember to check the appropriate box and indicate the program start and end dates.

DECLARATION BY SPOUSE

I declare that all the information and documents that I have provided and will provide in and with this application are or will be to the best of my knowledge, complete and accurate. I am aware that to knowingly provide false information to induce the Province of Saskatchewan to grant financial assistance is an offence under the *Criminal Code of Canada*.

Release of Information:

I hereby:

- (1) authorize the disclosure and release by any person, individual, corporation, organization, government or government agency (collectively "any third party") of any of my information or documents, including personal information and personal health information (collectively "information") to the Minister of the Department of Advanced Education and Employment for Saskatchewan ("the Minister") or the Minister's agents or assigns; and
- (2) consent to the Minister releasing information to any third party; for any purpose respecting the administration by the Minister or her agents and assigns of financial assistance available to my spouse or that may be available to my spouse and for any purpose relating to the collection of amounts that my spouse may owe to the Minister pursuant to *The Training Allowance Regulations*.

Signature of Spouse

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Signed

Helpful Tips

Signature must appear in ink.

Applications not signed or dated will be returned causing delays in the processing of this application.

CANADA REVENUE AGENCY RELEASE

I hereby consent to the release, by the Canada Revenue Agency to an official of Saskatchewan Advanced Education and Employment, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my spouse's eligibility entitlement for the general administration and enforcement of Financial Assistance under the *Government Organization Act* and *The Training Allowance Regulations* of Saskatchewan, and will not be disclosed to any other person or organization without my approval.

This later authorization is valid for the:

- a) taxation year prior to the year of signature; and
- b) the current taxation year; and
- c) each subsequent consecutive taxation year for which assistance is requested by my spouse or on my spouse's behalf.

Signature of Spouse

Social Insurance Number

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Signed

Signature must appear in ink.

Applications not signed, dated or missing SIN number will be returned causing delays in the processing of this application.