



Verification of Income Provincial Training Allowance

File No. For Office Use Only

Client's SIN

Client's Sask.
Personal Health No.

Client's Name _____
Surname First name Middle Name

Address *(include postal code and phone number)* _____

Check the box if this is a new address

INCOME MUST BE VERIFIED EVERY 4 MONTHS

Verification Period Day Month Year to Day Month Year

A. CLIENT

1. Income. Check (✓) the boxes to indicate the type of income you received in this four-month period:

- Full-time Employment
- Part-time Employment

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

- | | |
|---|---|
| <input type="checkbox"/> Self-Employment (Gross minus Operating Expenses) | <input type="checkbox"/> Rental/Room & Board Income |
| <input type="checkbox"/> Employment Insurance (EI) Benefits/HRSD Income | <input type="checkbox"/> Resettlement Assistance/Immigration Funding |
| <input type="checkbox"/> Survivor/Old Age/Retirement/Disabled Benefits | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Alimony Support | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Investment Interest/Dividend | <input type="checkbox"/> Orphan's/Disabled Child Benefits |
| <input type="checkbox"/> Indian and Northern Affairs Allowance (INAC) | <input type="checkbox"/> Indian Band Funding |
| <input type="checkbox"/> Scholarships. Specify _____ | <input type="checkbox"/> Transitional Employment Allowance (TEA) |
| <input type="checkbox"/> RESP/Scholarship Trust Fund or other Educational Funding | <input type="checkbox"/> Bursaries. Specify _____ |
| Specify _____ | <input type="checkbox"/> Other Educational Funding/Training Allowance |
| <input type="checkbox"/> Other Income. Specify _____ | |

2. Attach income statements for this four-month period.

3. Check the box if you did not have any income (other than PTA) during this four-month period.

B. SPOUSE: *If you are Married/common-law, complete the following:*

1. **Income.** Check (✓) the boxes to indicate the type of income your spouse received in this four-month period:

- 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

- | | |
|--|--|
| <input type="checkbox"/> Self-Employment (Gross minus Operating Expenses)
<input type="checkbox"/> Employment Insurance (EI) Benefits/HRSD Income
<input type="checkbox"/> Survivor/Old Age/Retirement/Disabled Benefits
<input type="checkbox"/> Alimony Support
<input type="checkbox"/> Investment Interest/Dividend
<input type="checkbox"/> Indian and Northern Affairs Allowance (INAC)
<input type="checkbox"/> Other Income. Specify _____ | <input type="checkbox"/> Rental/Room & Board Income
<input type="checkbox"/> Resettlement Assistance/Immigration Funding
<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Child Support
<input type="checkbox"/> Orphan's/Disabled Child Benefits
<input type="checkbox"/> Indian Band Funding
<input type="checkbox"/> Transitional Employment Allowance (TEA) |
|--|--|

2. Attach your spouse's income statements for this four-month period.

3. Check the box if your spouse did not have any income during this four-month period.

DECLARATION:

I **DECLARE** that all information I have provided on this form is true and correct and I have provided all documentation required to verify this information.

I understand that I must advise my training centre immediately if my income (or spouse's income) changes while I am receiving Provincial Training Allowance.

WARNING:

To knowingly give false information to the Minister of Saskatchewan Advanced Education and Employment in order to receive a Provincial Training Allowance that you are not entitled to, is fraud under the **Criminal Code** of Canada.

Name of School and Address you want client's copy of PTA results mailed to:

X _____
Signature of School Official

Signature of Client

X _____
Date

Date