

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"/>	236 Net Income \$ <input type="text"/>	308 CPP Contributions \$ <input type="text"/>	310 CPP Contributions \$ <input type="text"/>
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312 EI Premiums \$ <input type="text"/>	330 Medical Expenses \$ <input type="text"/>	435 Federal/Provincial Taxes payable \$ <input type="text"/>
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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.

Students in their first year of a multiple year program are automatically assessed for the Canada Access Grant for Students from Low-Income Families.

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"/>
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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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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 permanent 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

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

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

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, the parental contribution is divided accordingly.

