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 dependent applicant.
PARENT 1 - DEMOGRAPHIC	2006
Social Insurance Number Date of Birth Sask. Health Services Number (HSN)	Helpful Tips
Gender: Male Female Legal Surname I do not have SIN	If you do not have a valid Social Insurance Number (SIN) or Saskatchewan Health Services Number (HSN), check the appropriate
	box.
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 236 Net Income 308 CPP Contributions \$.00 \$.00 \$	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.
312 El Premiums 330 Medical Expenses 435 Federal/Provincial Taxes payable \$.00 If you did NOT file a 2005 income tax return, enter your total income from all sources for 2005:	Students in their first year of a multiple year program are automatically assessed for the Canada Access Grant for Students from Low-Income Families.
☐ 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	A Reduced Income Statement is used only when there is a parental contribution expected.
Income Statement (RIS) will be sent to you. PARENT 2 - DEMOGRAPHIC	contribution expected.
Social Insurance Number Date of Birth Sask. Health Services Number (HSN)	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.
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 236 Net Income 308 CPP Contributions \$ 00 \$ 00 \$	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.
312 El Premiums 330 Medical Expenses 435 Federal/Provincial Taxes payable	
\$ 12 ETT Tellinams 350 Medical Expenses 453 Tederal Tovincial Taxes payable \$.00 \$.00 If you did NOT file a 2005 income tax return, enter your total income from all sources for 2005: \$.00 If you did not have any income in 2005, check the box.	

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	
	Helpful Tips
Sask. Health Services Number Social Insurance Number Date of Birth	List all dependent children living in the household,
Does not have HSN Does not have SIN	excluding the applicant.
	If you have two or more dependent children in full-
Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education?	time post-secondary 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 Day Month Year	
have HSN	
Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education?	
is Dependent embled in fair time 1 out decondary of Addit Basic Education.	
Dependent's Legal Given Name Dependent's Legal Surname	
Sask. Health Services Number Social Insurance Number Date of Birth Does not Day Month Year	
have HSN have SIN have SIN	
Is Dependent enrolled in full-time Post-Secondary or Adult Basic Education?	
10 Depondent emoned in fair time i out-occordary of Addit Dasie Education: 165 100	

DECLARATION BY PARENTS, GUARDIANS OR SPONSOR

I declare that I have answered all questions on this application according to the instructions and my answers and documents I have provided in support of this application, or will provide in the future, are to the best of my information and belief, true in every respect.

I make these declarations knowing it is an offence under the Canada Student Financial Assistance Act and The Student Assistance and Student Aid Fund Act, 1985 of Saskatchewan, to knowingly make any false statement or representation in an application or other document or to furnish any false or misleading information or documentation.

I consent to and authorize the disclosure and release by any person, individual, corporation, organization, or by any government or government agency (including but not restricted to any foreign, federal or provincial government, department or crown corporation), of any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) requested by the Province of Saskatchewan for any purpose respecting the administration of financial assistance for the benefit of my applicant child by Saskatchewan Advanced Education and Employment or its successors.

I further consent to the Minister of Saskatchewan Advanced Education and Employment or his/her designate to release to any person, individual, corporation, organization or to any government or government agency (including but not restricted to any foreign, federal or provincial government, department or crown corporation), any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*) for any purpose respecting the administration of financial assistance.



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 Student Financial Assistance under the Canada Student Financial Assistance Act and The Student Assistance and Student Aid Fund Act, 1985 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

Date Signed

Day Month Year

Day Day Month Year

Day Month Year

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.