

## Income Confirmation Form (ICF)

### Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

Form must be completed and signed in INK.

This Area for Official Use Only

If you are attending a school in the province, you **MUST** submit this form to a school representative in order to pick up your Certificate of Eligibility. All other students are required to return the form to the Student Financial Services Division. All ICF forms **MUST** be received by the Student Financial Services Division within 8 weeks of the period of study start date to avoid forfeiture of loans and/or grants.

Social Insurance Number

Student Number (if applicable)

Surname

Given Name

#### Notes:

- The ICF will not be accepted if it is:
- included with your application form; or,
  - not signed by you and, if applicable, your spouse; or,
  - missing required information.

Failure to submit your ICF by the deadline date will result in the forfeiting of any additional awards for the current semester such as the Canada Study Grant. In addition, this may result in the forfeiting of awards for subsequent semesters, including automatic ineligibility for the Millennium Bursary.

#### IMPORTANT NOTE:

If the gross income amount on the ICF is less than the amount you reported on your application, please include an explanation on the reverse side to account for the difference.

#### Section 1. Applicant's Pre-Study Information (To be completed by all students)

Your pre-study period is the time between the end of your last period of full-time studies (post-secondary or high school) and your first day of class for the current academic year, for a minimum of 4 weeks to a maximum of 17 weeks.

My gross income for the pre-study period was:

During the pre-study period I lived:  At home with my parents/spouse/children

Away from my parents/spouse/children

Address if away:

#### Section 2. Spousal Financial Information (To be completed by spouse of Married/Common-Law)

My gross income during my spouse's pre-study period was:

#### Section 3. Declaration (To be completed by all students and spouse, if applicable)

I declare that the above information is correct to the best of my knowledge and should there be any changes in academic, personal or financial status, I agree to notify the Student Financial Services Division in writing.

Signature of Applicant

Date

Signature of Spouse

Date

#### Section 4. Applicant's Address During the Study Period (To be completed by all students)

Street

City/Town

Province

Postal Code

Telephone

**DO NOT include the Income Confirmation Form with your application.  
DO NOT MISS THE DEADLINE DATE!**

## **DEADLINE DATE**

**Your ICF must be received  
by the Student Financial Services  
Division within 8 weeks of  
your period of study start date.**

## **REASON FOR DISCREPANCY**

**Return to:  
Student Financial Services Division  
Department Of Education  
P.O. Box 8700  
St. John's NL A1B 4J6  
Fax: (709) 729-2298**