

2007–2008 Application for Financial Assistance

For classes between August 1, 2007 and July 31, 2008

PLEASE PRINT CLEARLY IN INK

All applicants must complete pages 1, 2, 3, 4, and 5.

PERSONAL DATA

Social Insurance Number _____

Student Assistance File Number _____

Gender Female Male

Last name _____

First names (Underline name used.) _____

Previous last name _____

Birth date (DD/MM/YYYY) _____

Citizenship: Canadian Landed Immigrant/Permanent Resident
If you are applying for the first time, send a copy of your Record of Landing IMM 1000 or Confirmation of Permanent Residence form.

Marital Status Indicate what your marital status will be on the last day of the month before your classes begin (e.g., if you start classes in September 2007, your status as of August 31, 2007).

If this is your **first application** for a student loan, you do not need to send documents. If you **applied before and your marital status has changed** since your last application send a copy of the document listed in brackets beside your category.

- Single Divorced (Divorce agreement)
 Married (Marriage certificate) Date _____ Widowed (Spouse's death certificate)
 Separated (Separation agreement) Common-law (Your and your spouse's 2006 income tax returns to show you are common-law) Date _____

Address of Parents or Next of Kin

Next of kin MUST reside in Canada. List one of your parents as next of kin. Do not list your spouse or children.

Last name of next of kin _____ First name(s) _____

Street address or P.O. Box _____

City/Town _____

Province _____ Postal Code _____

Area code and telephone number _____ Relationship of next of kin _____

Mailing Address

If you do not want your mail to go to your next of kin's address, give your mailing address.

Street address or P.O. Box _____

City/Town _____

Province/State _____ Postal Code _____

Area code and telephone number _____

E-mail _____

Have you applied for a Canada Student Loan before? Yes No

In which years? _____

If yes, did you receive a loan? Yes No

If yes, from which province? _____

Do you wish to declare yourself as a student with a permanent disability? Yes No

If yes, you must send a **Medical Assessment Form** (if you have not previously), which is available from our office or can be downloaded from our website.

Student Category Select your student category. For help, refer to the information on pages 3, 4, and 5 of this Student Assistance Guide, or see Student Loan Information on our website. (Schedules A to C are on pages A-6 to A-9.)

- (MD)** You are married with dependent children. (Send Schedules A & C)
- (MN)** You are married without dependent children. (Send Schedule C)
- (CD)** You are in a common-law relationship with dependent children. (Send Schedules A & C)
- (CN)** You are in a common-law relationship without dependent children. (Send Schedule C)
- (SP)** You are a single parent. (Send Schedule A)
- (IM)** You are widowed, separated or divorced and are not the custodial parent of any children.
- (IS)** You have been out of highschool for at least 48 months.
- (IN)** you have not been a full-time student (in high school or post secondary schools) for 12 consecutive months on 2 or more occasions.
- (ID)** You are a current or former ward of a government agency or **BOTH** of your parents are deceased.
- (DE)** None of the above statements apply to you. You are a single dependant student. (Send Schedules A & B)

What province do your parents live in? _____

What province did they last live in for 12 months? _____

If they have lived less than 12 months in that province, when did they move there? _____

(DD/MM/YYYY)

EDUCATION HISTORY (COMPLETE EDUCATION HISTORY IN CHRONOLOGICAL ORDER)

Name of high school	Province/Country	Start Date		End Date		Highest Grade Completed	Did you graduate?
		Month	Year	Month	Year		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of post-secondary school (complete a new table for each school) _____ Province/Country _____
 Level of study: Certificate/Diploma Bachelors Masters PhD

Name of program (complete a new table for each program)		Start Date		End Date		Full Time		Did you receive a student loan?		Did you graduate?	
		Month	Year	Month	Year						
Year 1						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 2						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 3						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 4						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 5						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of post-secondary school (complete a new table for each school) _____ Province/Country _____
 Level of study: Certificate/Diploma Bachelors Masters PhD

Name of program (complete a new table for each program)		Start Date		End Date		Full Time		Did you receive a student loan?		Did you graduate?	
		Month	Year	Month	Year						
Year 1						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 2						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 3						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 4						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 5						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of post-secondary school (complete a new table for each school) _____ Province/Country _____
 Level of study: Certificate/Diploma Bachelors Masters PhD

Name of program (complete a new table for each program)		Start Date		End Date		Full Time		Did you receive a student loan?		Did you graduate?	
		Month	Year	Month	Year						
Year 1						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 2						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 3						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 4						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year 5						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY SINCE HIGH SCHOOL (Begin with the most recent date and list each period you were **employed or unemployed**. Make a new entry each time you changed employment or moved to another province/country. If you need more space, attach a separate sheet.)

Start Date	End Date	Part or Full Time (circle)	Name of employer (or state unemployed)	Province (Country)
Month	Year	Month	Year	
		Part Full		
		Part Full		
		Part Full		
		Part Full		
		Part Full		

Program Information

Institution you plan to attend during the 2007–2008 academic year

Area code and telephone

Fax

Address (Street or P.O. Box)

City/Town

Province/State

Country

Postal Code

Student/School I.D. number, if known

Name of degree/diploma/certificate

Faculty or major, if applicable

2007–2008 study term:

Begins (MM/YYYY)

Ends (MM/YYYY)

Number of credit/hrs you will be taking: _____

You are entering year _____ of a _____ year program.
(e.g., year 1 of a 4-year program)

When do you expect to graduate? _____ (MM/YYYY)

Are you in a co-op program? Yes No

Co-op work term (if applicable):

Begins (MM/YYYY)

Ends (MM/YYYY)

Are you taking your program through correspondence or distance education? Yes No If yes, province/state you will reside while studying: _____

Costs While Studying

Tuition: \$ _____ (A maximum cost will be allowed for books.)

Are you receiving a *tuition waiver? Yes No If yes, claim the amount of the waiver on page A-4 under Study Period Income.

Alimony/Child support:

All files are subject to audit. If audited, you must send proof of the alimony/child support payments—for example, a copy of the court order or agreement and proof that you are making the payments.

\$ _____/month

(e.g., cancelled cheques or money orders)

While in school I will be living with parents or spouse. Distance to school: _____ Km one way

While in school I will be living away from parents or spouse. Distance to school: _____ Km one way

Distance from your parents' or spouse's to school: _____ Km one way

***TUITION WAIVER:** If you are eligible for a reduced tuition fee, you must claim the amount of the reduction. This is considered a tuition waiver. In some cases, students whose parents are employed by the institution or whose siblings attend the same institution may be eligible for a reduction in their fees.

Motor Vehicle Information

Are you the owner or principal operator of a motor vehicle? owner principal operator

If yes, year, make & model: _____

License number: _____

Date purchased: _____ (MM/YYYY)

Amount owing: \$ _____

Monthly payments: \$ _____ per month

Canada Millennium Scholarship Foundation Bursary Program

Is this your first time attending post-secondary study? Yes No

If no, have you successfully completed 60% of a full year of post-secondary education? Yes No (If yes, complete the following.)

Name of institution

Name of program

Last year of full-time attendance:

From (MM/YYYY)

To (MM/YYYY)

University—number of credits received: _____

Community college/Private career college

Did you successfully complete all the required courses? Yes No

Did you receive a diploma/certificate? Yes No

Pre-Study Income

Your pre-study period is the number of weeks between study periods. If you are starting classes in September 2007 and you were in high school until the end of June 2007, your pre-study period is 8 weeks (July and August). If you were in school until the end of April 2007, your pre-study period is 18 weeks (May through August). The maximum number of pre-study weeks is 18. If you were not in school last year, report your gross income for the 18-week period before you will begin school in 2007–2008. **Report income before deductions.**

Gross income from employment: \$ _____ Canada Pension Benefits: \$ _____
 Employment Insurance Benefits: \$ _____ Other pension, name source: _____ \$ _____
 Social Assistance (Provincial Employment Support/
 Income Assistance) \$ _____ Other income, name source: _____ \$ _____

Study Period Income

STUDY PERIOD:

Begins (MM/YYYY)

Ends (MM/YYYY)

Claim the total income for this period.

All files are subject to audit. You may be required to send proof of your income if your file is audited. Unreported income may result in overawards.

Part-time earnings

(includes demonstratorships/assistantships): \$ _____

Name source _____

Scholarships/fellowships/bursaries: \$ _____

Name source _____

Education/University Trust Fund: \$ _____

Tuition Waiver: \$ _____

Investments (Claim the total value of savings, bonds, GIC's, term deposits, shares, etc. Do not claim savings from your pre-study period): \$ _____

Canada Pension Benefits: \$ _____

Are you receiving these benefits because your parent(s) are disabled or deceased? Yes No

Other pension: \$ _____

Name source: _____

Employment Insurance Benefits: \$ _____

Social Assistance (Provincial Employment Support/
 Income Assistance): \$ _____

Other educational allowance: \$ _____

Name source: _____

RRSP (Claim total amount of your RRSPs, *see note below regarding exemption): \$ _____

Are you requesting the exemption? Yes No

If yes, how many years in the workforce? _____

Other: \$ _____

Name source: _____

***RRSP EXEMPTION:** if you contributed to RRSPs while you were in the work force full time (e.g., not a full time student) and you will not be withdrawing these funds during your study period, you are eligible for an exemption of \$2000 for each year you were in the work force full time. If you contributed to RRSPs and have not been in the work force full time for 12 consecutive months, you are not eligible for this exemption.

Student's Income Tax Data

Did you file a 2006 income tax return? Yes No If no, explain: _____

You **MUST** complete this section or attach a copy of your 2006 Income Tax Return. Not completing this section correctly may cause delays in processing your application.

Provide the amounts from the following **line numbers** on your 2006 Income Tax Return.

101	Income	121	Interest	130	Other Income	208	RRSP Contribution
	[]		[]		[]		[]
104	Other Emp Income	126	Rental	Specify source of line 130:		220	Allowable Deductions
	[]		[]				[]
114	CPP	127	Capital Gains	144	Workers' Comp	230	Sup Payments Made
	[]		[]		[]		[]
115	Other Pension	128	Sup Taxable Amt	145	Social Assist	303	Spouse
	[]		[]		[]		[]
119	EI	156	Sup Payments Rec	150	Total Income	305	Equiv. to Spouse
	[]		[]		[]		[]
120	Dividends	129	RRSP				[]
	[]		[]				[]

Making changes to your application: You can write us and tell us most changes—you don't always need to complete a new application. For example, if your costs increase or your income decreases, you can write us and send proof of the changes. If you change schools or are applying for another period of study (e.g., Co-op study term) you will need to complete another application.

Declaration and Consent (All Students)

This is a legal document. Please read it carefully. Sign it only after you understand and agree to it.

I declare the following:

- All the information on this application is true to the best of my knowledge. I know it is against the law to give false or misleading information on this application.
- I am applying for a student loan under the Nova Scotia Student Assistance Program.
- I will use any money I receive from this loan only for costs directly connected with my education as recognized by the Nova Scotia Student Assistance Program.

I consent to the following:

- The educational institution I am attending may give any information about my academic standing, attendance, awards, accommodations, and financial status to the Student Assistance Office of the Nova Scotia Department of Education.

I consent to the following tax information:

I hereby consent to the release, by the Canada Revenue Agency to an official of the Nova Scotia Department of Education, 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 and the general administration and enforcement of the Student Assistance Program under the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act*, and the *Nova Scotia Student Aid Act* and will not be disclosed to any other person or organization without my approval. This authorization is valid for the taxation year prior to the year of signature, the year of this application, and each subsequent consecutive taxation year for which assistance is requested. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Director, Student Assistance, Department of Education, Student Assistance Office, P.O. Box 2290, Halifax Central, Halifax, Nova Scotia, B3J 3C8, except that this consent may not be withdrawn with respect to loans, grants, bursaries, scholarships, or other benefits that the applicant has actually received.

I understand:

- I can receive a student loan from only one province at a time.
- In the general administration and enforcement of the Student Assistance Program, my personal information may be exchanged by and between the Nova Scotia Student Assistance Office, and its agents, all other provincial and federal government departments, and the Canada Millennium Scholarship foundation for use in administration, research, statistical analysis, and evaluations related to student assistance programs, whether or not I am approved for any financial assistance.

Print name

Social Insurance Number

Signature

Date

Declaration and Consent (Single Dependent and Married/Common-Law Students)

- If you are a **Single Dependent Student** whose parents are married to one another, both parents must sign this form.
- If you are a **Married/Common-Law Student** your spouse must sign this form.

I declare the following:

- All the information I have sent with this application is correct to the best of my knowledge. I know that it is against the law to give false or misleading information in the application.

I consent to release the following tax information:

I hereby consent to the release, by the Canada Revenue Agency to an official of the Nova Scotia Department of Education, 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 the applicant's eligibility, entitlement for and the general administration and enforcement of the student assistance program under the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act*, and the *Nova Scotia Student Aid Act* and will not be disclosed to any other person or organization without my approval. This authorization is valid for the taxation year prior to the year of signature, the year of this application, and each subsequent consecutive taxation year for which assistance is requested. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Director, Student Assistance, Department of Education, Student Assistance Office, P.O. Box 2290, Halifax Central, Halifax, Nova Scotia, B3J 3C8, except that this consent may not be withdrawn with respect to loans, grants, bursaries, scholarships, or other benefits that the applicant has actually received.

I understand:

In the general administration and enforcement of the Student Assistance program, my personal information may be exchanged by and between the Nova Scotia Student Assistance Office, and its agents, all other provincial and federal government departments and the Canada Millennium Scholarship foundation for use in administration, research, statistical analysis, and evaluations related to student assistance programs, whether or not I am approved for any financial assistance.

Signature 1

Relationship to applicant: Father, Stepfather, Mother, Stepmother, Guardian, Spouse, Other (specify relationship) _____

Print name

Did you file a 2006 Income Tax Return? Yes No

Social Insurance Number

Date of Birth (DD/MM/YYYY)

Signature 2

Relationship to applicant: Father, Stepfather, Mother, Stepmother, Guardian, Spouse, Other (specify relationship) _____

Print name

Did you file a 2006 Income Tax Return? Yes No

Social Insurance Number

Date of Birth (DD/MM/YYYY)

SCHEDULE A—Dependents' Information (Attach a separate sheet if you need more space.)

Single Dependent Students—list your parents' dependents (your siblings) excluding yourself

Single Parent and Married Students—list your dependents (your children)

Name	Age	Relationship to parent	If the dependent will be studying FULL TIME at a post-secondary institution in 2007-08, complete the boxes below.		
			School attending	Social Insurance Number	Applying for aid?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Single Parent and Married Students Only:

Do you pay child care costs? Yes No If yes, how much will you pay during your study period? \$ _____ weekly.

All files are subject to audit. If audited, you must provide cancelled cheques, copies of money orders, or a letter from a licensed day care. If you are unable to provide this information the cost will be disallowed and may result in overawards.

Who You Can Claim as a Dependent

You can claim anyone Revenue Canada accepts as a dependent on your income tax return. Dependents include children who are

- 18 years of age or under and who are wholly dependent on the parent or guardian for support and for whom the parent or guardian has, by law or in fact, the custody and control
- 19 years of age or older and are in a full-time program at a post-secondary institution and who fit into the single dependent student category. (See Student Loan Information on the Student Assistance website.)
- 19 years of age or older, who live at home at least 51% of the time, and who, even if not in school, fit in the single dependent student category described in Student Loan Information on the Student Assistance website.

Married/Common-Law Students and Single Parents

Child Care Costs

All files are subject to audit. To prove child care costs, if audited, you must provide cancelled cheques, copies of money orders, or a letter from the licensed day care. If you are unable to provide this information the cost will be disallowed and may result in overawards. See Student Loan Information on our website for more information on allowable child care costs.

Child care costs are allowed for children 11 years and under if there is no parent at home. (For example, child care costs are not allowed if one parent is home unemployed or studying by correspondence).

If you have child care for a child over age 11 with a disability, include a letter from your doctor ONLY if you have not already sent one, verifying that the child needs daily care.

Married/Common-Law Students

Spouse's Personal Data

If your spouse is a full-time student applying for assistance from Nova Scotia, your files will be cross referenced. You do not need to send duplicate information.

If your spouse is unemployed, attach a letter explaining the situation. If he or she is a seasonal worker or is temporarily laid off, state when he or she is expected to return to work. If your spouse is unable to work, please explain (for example, ill or home looking after children under 11 years of age).

SCHEDULE B—Parents' Information (Parents of dependent students must complete this schedule.)

Parents' Financial Information

Marital Status (See page 5 for more information about marital status and which parent you must provide information for if your parents are separated/divorced. If this is your first application for a student loan you do not need to send the following documents. If you applied before AND your parents' marital status has changed since your last application *send a copy of the document listed below.*)

Married
 If remarried, state date of marriage: _____
 (DD/MM/YYYY)

Separated/Divorced
 Include a copy of their separation/divorce agreement.

Widowed
 Include a copy of the death certificate.

Common-law
 State date common-law status began: _____
 (DD/MM/YYYY)

Single

	Name	Employer	Estimated 2007 gross income (If reduced, see note on page 5)
Parent 1			
Parent 2			

Parents' Tax Information (Parents MUST complete this section or attach a copy of their 2006 income tax returns. Provide the amounts from the following line numbers on your parents' 2006 income tax returns.)

PARENT 1

101		Income	207		Reg Pension
113		Old Age	208		RRSP Contrib
114		CPP	214		Child Care
115		Other Pension	220		Allowable Ded
119		EI	230		Sup Pay Made
120		Dividends	229		Emp Expense
121		Interest	236		Net Income
126		Rental	301		Age Amount
127		Capital Gains	303		Spouse
128		Sup Taxable Amt	305		Equiv to Spouse
156		Sup Pay Rec	308		CPP
129		RRSP	312		EI
130		Other Income	315		Caregiver Amt
135		Business Inc	318		Disabled Depend
137		Professional Inc	320		Tuition
139		Commission	324		Tuition fr child
141/ 143		Farming/ Fishing	330		Medical
144		Workers' Comp	435		Inc Tax Paid
145		Social Assist	448		CPP Overpay
150		Total Income	450		EI Overpay

Do you have income you are not required to report on your income tax return (child support, pension etc.)? Yes No

If yes, please state the amount for 2006: \$ _____

Estimate the amount for 2007: \$ _____

What is the source of the income? _____

Are you paying child support? Yes No

If yes, please state the amount for 2006: \$ _____

Estimate the amount for 2007 \$ _____

PARENT 2

101		Income	207		Reg Pension
113		Old Age	208		RRSP Contrib
114		CPP	214		Child Care
115		Other Pension	220		Allowable Ded
119		EI	230		Sup Pay Made
120		Dividends	229		Emp Expense
121		Interest	236		Net Income
126		Rental	301		Age Amount
127		Capital Gains	303		Spouse
128		Sup Payment	305		Equiv to Spouse
156		Sup Pay Rec	308		CPP
129		RRSP	312		EI
130		Other Income	315		Caregiver Amt
135		Business Inc	318		Disabled Depend
137		Prof Inc	320		Tuition
139		Commission	324		Tuition fr Child
141/ 143		Farming/ Fishing	330		Medical
144		Workers' Comp	435		Income Tax Paid
145		Social Assist	448		CPP Overpayment
150		Total Income	450		EI Overpayment

Do you have income you are not required to report on your income tax return (child support, pension etc.)? Yes No

If yes, please state the amount for 2006: \$ _____

Estimate the amount for 2007: \$ _____

What is the source of the income? _____

Are you paying child support? Yes No

If yes, please state the amount for 2006: \$ _____

Estimate the amount for 2007: \$ _____

SCHEDULE C—Spouse Information

The Following Section to be Completed by Married/Common-Law Students
Spouse's Personal Data

Last name _____ First name(s) _____ Social Insurance Number _____

Occupation:

- Full-time student applying for aid (if yes, indicate to which province): _____
- Full-time student **not** applying for aid
- Unemployed, select reason below: Employed
- home with children collecting EI
- disabled other (if other, explain on a separate sheet)
- illness

If spouse is a full-time student:

Name of institution attending in 2007–2008 _____ Name of degree/diploma/certificate _____

Year of program _____ Start (DD/MM/YYYY) _____ End (DD/MM/YYYY) _____

Spouse's Employment History (List spouse's employment history for the past 48 months. Attach a separate sheet if you need more space. Include periods of employment and unemployment.)

Start Date Month Year	End Date Month Year	Part or Full Time (circle)	Name of employer (or state unemployed)	Province (Country)	Total income before deductions
		Part Full			
		Part Full			
		Part Full			
		Part Full			

Spouse's Income

Spouse's Investments \$ _____ (Claim the total value of savings, GICs, bonds, term deposits, shares, stocks, etc.)

Spouse's RRSP \$ _____ (Claim the total amount of spouse's RRSPs)

Are you requesting the exemption? Yes No (See note regarding exemption under Study Period Income on page A-4.)

If yes, how many years have you been out of school and in the work force (not a full-time student)? _____

Report your spouse's total gross income during YOUR pre-study and study period (Documents are not required. All files are subject to audit.)

	Pre-study period	Study period		Pre-study period	Study period
Employment income (before deductions):	\$ _____	\$ _____	Canada Pension Benefits:	\$ _____	\$ _____
Scholarships/awards:	\$ _____	\$ _____	Pension:	\$ _____	\$ _____
Employment Insurance Benefits (EI):	\$ _____	\$ _____	Name source: _____		
Social Assistance (Provincial Employment Support/Income Assistance):	\$ _____	\$ _____	Other income:	\$ _____	\$ _____
			Name source: _____		

Spouse's Tax Information (You must list the amounts from the following line numbers of your spouse's 2006 income tax return.)

101	Income	121	Interest	130	Other Income	208	RRSP Contribution
104	Other Emp Income	126	Rental	Specify source of line 130:		220	Allowable Deductions
114	CPP	127	Capital Gains	144	Workers' Comp	230	Sup Payments Made
115	Other Pension	128	Sup Taxable Amount	145	Social Assist	303	Spouse
119	EI		Sup Payments Rec	150	Total Income	305	Equiv. to Spouse
120	Dividends	129	RRSP				