## 2007-2008 PARENTAL/FAMILY CONTRIBUTION REVIEW FORM



This form can be used by either **dependent students** requesting that their parental contribution be reviewed, or by married/common-law students requesting that their resource calculation during the study period be reviewed.

If it is expected that there will be a decrease of at least 5% in gross income for the 2007 taxation year (January 1st to December 31<sup>st</sup>, 2007) than that declared on the 2006 Income Tax Return, complete this form.

If there is more than one student in the family unit applying for student financial assistance, be sure to list below the names and social insurance numbers of all students for whom this review should be considered.

| Student(s) Last Name   | First Name                  |                                 | Soci                   | Social Insurance Number                 |  |
|--|-----------------------------|---------------------------------|------------------------|---|--|
|  |                             |                                 |                        |   |  |
|  |                             |                                 |                        |   |  |
|  |                             |                                 |                        |   |  |
| Period of Study Dates Start  | / /<br>YYYY MM DD           | End/                            | /<br>MM DD             |   |  |
| Provide proof of all expected incor income from <b>all</b> sources.  | ne(s) for the 2007 ta       | xation year (J                  | anuary 1 <sup>st</sup> | to December 31 <sup>st</sup> ). Include |  |
| A. Dependent Student's Parent(s)/ Step-parent(s)/Guardian(s)   |                             | Parent/<br>Step-parent/Guardian |                        | Parent/<br>Step-parent/Guardian         |  |
| Social Insurance Number  |                             |                                 |                        |   |  |
| Total gross income from January 1 <sup>st</sup> , 2007 to the date you complete this form – <b>proof is required</b> *.                                  |                             | \$                              | <u>-</u>               | \$                                      |  |
| Total gross income expected from the date you complete this form to December 31 <sup>st</sup> , 2007 – <b>proof is required, if available</b> *.         |                             | \$                              |                        | \$                                      |  |
| Total expected income for the 2007   | \$                          |                                 | \$                     |   |  |
| B. Married or Common-law Student's Partner   |                             |                                 |                        | Partner                                 |  |
| Social Insurance Number  |                             |                                 |                        |   |  |
| Total gross income from January 1 <sup>st</sup> , 2007 to the date you complete this form – <b>proof is required</b> *.                                  |                             |                                 |                        | \$                                      |  |
| Total gross income expected from the date you complete this form to December 31 <sup>st</sup> , 2007– <b>proof is required, if available</b> *.          |                             |                                 |                        | \$                                      |  |
| Total expected income for the 2007 taxation year.  |                             |                                 | \$                     |   |  |
| <ul> <li>* Acceptable proof: A letter from employe<br/>amount and duration of any employment<br/>proof is not provided, this review cannot be</li> </ul> | insurance (EI) benefits, or |                                 |                        |   |  |
| Declaration and Required Signat<br>I declare that the information pri<br>information submitted is subject to   | ovided on this form         |                                 | nd comple              | te. I understand that the               |  |
| Signature of Student requesting t  | Date                        | Date                            |                        |   |  |
| For Dependent Students   | For N                       | For Married/Common-law Students |                        |   |  |
| Signature(s) of Parent(s)/Step-parent(s)/Guardian(s)   |                             | Sign                            | Signature of Partner   |   |  |
| Telephone  |                             |                                 | Telephone              |   |  |