

**2016-2017
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 combined gross income (line 150) for the 2016 taxation year (January 1st to December 31st, 2016) than that declared on the 2015 Income Tax Return, complete this form.

Social Insurance Number	Student's First Name	Last Name

Provide proof of all expected income for the 2016 taxation year (January 1st to December 31st). Include income from **all** sources. The total expected income should be the amount you expect to declare on line 150 of your 2016 Income Tax Return. If there is an expected change to only one parent's income, enter "no change" for the other parent.

A. Dependent Student's Parent(s)/ Step-parent(s)/Guardian(s)	Parent/ Step-parent/Guardian	Parent/ Step-parent/Guardian
Social Insurance Number	_____	_____
Total gross income from January 1 st , 2016 to the date you complete this form – proof is required *.	\$ _____	\$ _____
Total gross income expected from the date you complete this form to December 31 st , 2016 – proof is required, if available *.	\$ _____	\$ _____
Total expected income for the 2016 taxation year.	\$ _____	\$ _____

B. Married or Common-law Student's Partner	Partner
Social Insurance Number	_____
Total gross income from January 1 st , 2016 to the date you complete this form – proof is required *.	\$ _____
Total gross income expected from the date you complete this form to December 31 st , 2016 – proof is required, if available *.	\$ _____
Total expected income for the 2016 taxation year.	\$ _____

* Acceptable proof: A letter from employer(s), a letter from the federal government verifying amount and duration of any employment insurance benefits, or supporting documentation from any other sources of income. If proof is not provided, this review cannot be processed.

Declaration and Required Signatures

I declare that the information provided on this form is accurate and complete. I understand that the information submitted is subject to verification and audit.

Signature of Student

Date

For Dependent Students

Signature(s) of Parent(s)/Step-parent(s)/Guardian(s)

For Married/Common-law Students

Signature of Partner

