

# Application for Student Financial Assistance for Full-Time Post-Secondary Students in New Brunswick 2022-2023

You can apply online at [studentaid.gnb.ca](http://studentaid.gnb.ca)

This application is for programs starting between August 1, 2022 and July 31, 2023. Submit the completed application and all required documentation electronically by visiting [studentaid.gnb.ca](http://studentaid.gnb.ca) and selecting *Upload a Document* or submit by fax or mail:

Student Financial Services, Department of Post-Secondary Education, Training and Labour  
Beaverbrook Building, PO Box 6000  
Fredericton, New Brunswick E3B 5H1

Fredericton: 506-453-2577      Toll Free: 1-800-667-5626      Fax: 506-444-4333  
Telephone Hours: Monday to Friday, 8:00 a.m. – 7:30 p.m., Saturday, 9:00 a.m. – 1:00 p.m.

***This application must be completed by the STUDENT with INK. Please print clearly.***

## Personal Information

Social Insurance Number (SIN): \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Legal First Name                      Legal Last Name                      Middle Initial

Gender:       Female       Male       X

Language:       English       French

## Citizenship

Check (✓) the box that best fits your situation.

- Canadian Citizen
- Individual registered under the *Indian Act*, regardless of citizenship
- Permanent Resident of Canada
- Protected Person of Canada

If a **permanent resident** or **protected person**, provide:

Date arrived in Canada (yyyy/mm/dd): \_\_\_\_\_

Date arrived in New Brunswick (yyyy/mm/dd): \_\_\_\_\_

If none of these apply to you, you are not eligible for funding under the Canada-New Brunswick Integrated Student Financial Assistance Program.

### Social Insurance Number (SIN)

We cannot process your application without a valid SIN. If you do not have one, please visit the Employment and Social Development Canada website at [canada.ca](http://canada.ca).

### Permanent Resident / Protected Person

Documentation must be provided. Refer to the [Instructions](#) for the specific documents that are required.

**Mailing address and permanent address.** Your mailing address and email address are **mandatory** and your application cannot be processed without them.

It is important that you provide all changes to your mailing address or permanent address to ensure all notices and documentation are forwarded to you. Please contact Student Financial Services (SFS) and the National Student Loans Service Centre (NSLSC) to update your address. See *Change of Address* under Forms at [studentaid.gnb.ca](http://studentaid.gnb.ca).

**Contact NSLSC  
at  
1-888-815-4514  
or visit  
[nslsc.ca](http://nslsc.ca)**

## Mailing Address

Street Address/P.O. Box      Apartment No.      City/Town

Province/Territory      Country (other than Canada)      Postal Code

Area Code and Telephone No.: \_\_\_\_\_

Email Address (**mandatory**): \_\_\_\_\_

## Permanent Address (if different from mailing address)

Check (✓) the box if your permanent address and telephone number are the same as the mailing address and telephone number indicated above.

Street Address/P.O. Box      Apartment No.      City/Town

Province/Territory      Country (other than Canada)      Postal Code

Area Code and Telephone No.: \_\_\_\_\_

Have you previously received a student loan from New Brunswick?  Yes  No

If **yes**, most recent year received: \_\_\_\_\_

Have you previously received a student loan from a province or territory other than New Brunswick?  Yes  No

If **yes**, from which province or territory: \_\_\_\_\_

Most recent year received: \_\_\_\_\_

**Email address**  
We cannot process your application without your email address. You are required to provide an email address in order to receive student loan/grant funding. Refer to the [Instructions](#) for further details.

## Ancestry

*This section is voluntary.*

Indigenous people are those who identify themselves to be First Nations (Status or Non-Status), Inuit, or Métis. Based on this definition, **do you consider yourself to be of Indigenous ancestry?**

Yes  No

If yes, please indicate below which group you belong to:

First Nations: Status

First Nations: Non-Status

Inuit

Métis

Visible minority persons are persons other than Indigenous people, who are non-Caucasian in race or non-white in colour. For example: African, Chinese, Korean or Pacific Islander ancestry. Based on this definition, **do you consider yourself to be a visible minority person?**

Yes  No

## Students with Disabilities

*This section is used to determine eligibility for student grants.*

Do you have a disability?

Yes  No

Has your disability already been approved under the New Brunswick Student Financial Assistance Program?

Yes

Does your disability still impact your studies?  Yes  No

You must have your school provide a *Request for Program Information Form*. Your application cannot be processed until all supporting documents are received.

No

You must submit a completed *Disability Verification Form* and have your school provide a *Request for Program Information Form*. These forms are available at [studentaid.gnb.ca](http://studentaid.gnb.ca). Your application cannot be processed until all supporting documents are received.

If you are experiencing difficulties in obtaining the required documentation, please contact Student Financial Services at 1-800-667-5626.

### Students with Disabilities

There are proposed changes to benefits available for students with disabilities. For more details, refer to the [Instructions](#).

## Marital Status (as of the first day of classes)

Single  Married  Common-law  Separated  Divorced  Widowed

If you checked **Married** or **Common-law**, indicate below if you wish to apply for all funding programs available or if you wish to apply for the New Brunswick Student Loan only:

I am applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs – a partner’s contribution may apply. You and your partner are required to complete [Appendix C - Partner of Married/Common-Law Applicant](#).

I am applying for New Brunswick Student Loan only. You and your partner are required to complete the *Partner Information* and the *Study Period Information* sections of [Appendix C - Partner of Married/Common-Law Applicant](#).

Refer to the [Instructions](#) for more information on Partner’s Contribution.

## Applicant Dependants

List all dependent children who will be living with you at least 50 percent of the time, as of the first day of your study period for the 2022-2023 academic year. Please indicate if any of these dependants are permanently disabled and attach verification. Refer to the [Instructions](#) for required documentation.

### First Dependant

\_\_\_\_\_

Legal First Name

\_\_\_\_\_

Legal Last Name

Relationship to you: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

If this dependant is 12 years or older, are they permanently disabled?  Yes  No

Is this dependant enrolled in post-secondary studies?  Yes  No

If **yes**, provide the following information:

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

### Marital status

Check “Common-law” if you claimed your marital status as common-law on your 2021 Income Tax Return. If you are in a common-law relationship and did not claim your marital status as common-law on your 2021 Income Tax Return, refer to the [Instructions](#).

### Dependants

These include:

- children who are 18 years of age or younger for whom you or your partner have physical custody and control;
  - children who are in full-time studies and meet the dependent student criteria;
  - anyone claimed as wholly dependent on your 2021 Income Tax Return.
- (Refer to the [Instructions](#))

## Second Dependant

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Legal First Name

Legal Last Name

Relationship to you: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

If this dependant is 12 years or older, are they permanently disabled?  Yes  No

Is this dependant enrolled in post-secondary studies?  Yes  No

If **yes**, provide the following information:

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

## Third Dependant

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Legal First Name

Legal Last Name

Relationship to you: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

If this dependant is 12 years or older, are they permanently disabled?  Yes  No

Is this dependant enrolled in post-secondary studies?  Yes  No

If **yes**, provide the following information:

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

If you have more than three dependants, attach an extra sheet of paper to the application with their information.

## Single Student without Dependants

If you are a single student with no dependants and have never been/are no longer married or in a common-law relationship, check (✓) the box that best fits your situation, as of the first day of your study period for the 2022-2023 academic year.

- You have been out of high school for **four** years or more (June 2018 or earlier).
- You have been out of high school for at least **two** years and have completed two periods of 12 consecutive months in the labour force, while not studying full-time at a post-secondary educational institution.
- You are currently or have been a person in permanent care with the Department of Social Development or are receiving/have received financial assistance under Youth Engagement Services (YES).
- You have no parent, guardian, sponsor or other supporting relative due to death or disappearance.

If you checked one of the above statements, you are considered an **Independent** student.

- None of the above statements apply. You are considered a **Dependent** student.

**If you find that the above statements do not apply to your situation, please call Student Financial Services for help in determining your student category. Selecting the wrong student category will result in delays with processing your application.**

If you are a **Dependent** student, indicate below if you wish to apply for all funding programs available or if you wish to apply for the New Brunswick Student Loan only:

- I am applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs - a parental contribution may apply. You and your parent, guardian or sponsor are required to complete [Appendix B – Parents, Guardians, or Sponsors of Dependent Applicants](#).
- I am applying for New Brunswick Student Loan only.

Refer to the [Instructions](#) for more information on Parental Contribution.

### In the Labour Force

Students are considered to be in the labour force if they are working, actively seeking employment, or receiving Employment Insurance benefits.

### Youth Engagement Services

If you are receiving financial assistance under Youth Engagement Services (YES), you must provide a letter stating this from the Department of Social Development.

## New Brunswick Residency

You must apply for student financial assistance to the province/territory in which you are considered a resident. If you are an Indigenous student, a Permanent Resident or a Protected Person, refer to the information in the right margin and in the [Instructions](#).

Check (✓) the box that best fits your situation, as of the first day of your study period for the 2022-2023 academic year.

- You are a **dependant** student and
  - your parent(s) live(s) in New Brunswick or lived in New Brunswick for the 12 consecutive months immediately before the first day of your study period for the 2022-2023 academic year.
  - your parent(s) live(s)/lived outside of Canada (i.e. with the Armed Forces) and New Brunswick is the last province in which they resided or maintained the family home for a period of at least 12 consecutive months immediately before leaving Canada.
  - your parent(s) resided in New Brunswick for a period of at least 12 consecutive months immediately before leaving New Brunswick, but you stayed to begin or continue your program of studies at a post-secondary educational institution in New Brunswick within twelve months of your parent's move.
- You are an **independent student** or **single parent student** and you lived in New Brunswick for the 12 consecutive months before the first day of your study period for the 2022-2023 academic year, while not studying full time at a post-secondary educational institution.
- You are **married** or **common-law** and
  - you and your partner lived in New Brunswick for a period of at least 12 consecutive months immediately before the first day of your study period for the 2022-2023 academic year, while not studying full time at a post-secondary educational institution.
  - your partner is living in New Brunswick and is, and has been, employed in New Brunswick for the 12 consecutive months prior to the first day of the study period for the 2022-2023 academic year.

If you checked one of the above statements, you are considered a resident of New Brunswick.

If **none of the above** statements describe your situation, you will need to apply to another province. For other provincial and territorial student assistance offices, visit *Provincial and territorial student financial assistance offices* at [studentaid.gnb.ca](http://studentaid.gnb.ca).

### NB Residency

Your residency is determined by your parents if you are a dependent student; determined by yourself if you are an independent or single parent student; or determined by you or your partner if you are married or common-law.

### Indigenous Students/ Permanent Residents/ Protected Persons

If you are an Indigenous student, a Permanent Resident or a Protected Person, you must be considered a resident of New Brunswick in order to be considered for the provincial portion of assistance. If you are not considered a resident of New Brunswick or any other Province/Territory of Canada, you can complete the application and you will be considered for the federal portion of assistance. Refer to the [Instructions](#) for required documentation.



## Program Information

You must have your educational institution complete a separate [Request for Program Information](#) form if you are:

- applying as a student with a disability;
- completing a co-op work term as part of your study period;
- studying at the Master or Ph.D. level;
- attending Intersession and/or Summer Session at a university;
- attending any public or private post-secondary institution located outside of the Maritime Provinces;
- attending any private post-secondary institution located outside of New Brunswick.

The completed form should be submitted to Student Financial Services (SFS) as soon as possible to avoid delays in processing your application. You can ask your educational institution to forward the completed form directly to SFS.

### **All students must complete the following section:**

Student ID Number (if known): \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

City/Town of Campus you are attending: \_\_\_\_\_

Area Code and Telephone No.: \_\_\_\_\_

Address of Educational Institution:

\_\_\_\_\_  
City/Town Province/Territory Country (other than Canada)

Program Name (example, Arts): \_\_\_\_\_

Program Specialization/Major (example, History): \_\_\_\_\_

This program leads to a:

Certificate  Diploma  Bachelor's Degree  Master's Degree  Ph.D.

Are you in a co-op program?  Yes  No

You are enrolling in year \_\_\_\_\_ of a \_\_\_\_\_ year program.

Expected graduation date (yyyy/mm): \_\_\_\_\_

### **Program Information**

If we are unable to determine your program of study based on the information you provide, we may request a [Request for Program Information](#) form.

If your educational institution and/or program of study are not currently designated in New Brunswick, the processing time for your application may be extended.

### **Year of program**

If you are in your second year of a four year degree program, you would enter year 2 of a 4 year program. This may not be the same as the number of years you have been in studies.



Indicate start and end dates for your academic year:

	Start Date (yyyy/mm)	End Date (yyyy/mm)
Study Term (in classes)	_____	_____
Co-op Work Term	_____	_____
Practicum	_____	_____

Are you taking all of your courses online, through correspondence or other form of remote delivery?  Yes  No

## Accommodation

### Dependent/Independent/Single Parent Students:

While in classes, will you live with your parent(s)?  Yes  No

If **no**, indicate where you will live: \_\_\_\_\_  
City/Town Province/Territory

How far is your parent's home from the educational institution you plan to attend?

\_\_\_\_\_ km (number of kilometres one way)

### Married/Common-law Students:

While in classes, will you live with your partner?  Yes  No

If **no**, which of you will reside away from your family home:  You  Your Partner

Where is the secondary residence located? \_\_\_\_\_  
City/Town Province/Territory

How many weeks will you or your partner live away from your family home? \_\_\_\_\_ weeks

### Co-op Work Term/Practicum:

Will you live with your parent/partner while:

Completing your co-op work term?  Yes  No

Completing your practicum?  Yes  No

If **no**, indicate where you will live: \_\_\_\_\_  
City/Town Province/Territory

## Educational History

Name of High School: \_\_\_\_\_

Location of School (City/Province): \_\_\_\_\_

High School Graduation Date (yyyy/mm): \_\_\_\_\_

or

Date left High School (yyyy/mm): \_\_\_\_\_

Highest Grade completed (up to Grade 12): \_\_\_\_\_

Have you received Grade 12 equivalency (GED)?  Yes  No

**If yes**, indicate date (yyyy/mm): \_\_\_\_\_

Have you ever enrolled full-time at a Post-Secondary Educational Institution?

Yes  No

**If yes**, provide the following detailed information for each year you have attended a Post-Secondary Educational Institution as a full-time student.

**Complete this section starting with the most recent year attended.**

*\* For level of study, indicate the number:*

*1 = Certificate 2 = Diploma 3 = Bachelor 4 = Master 5 = PhD*

Year of Study \_\_\_\_\_ Level of Study\* \_\_\_\_\_ Faculty and Major \_\_\_\_\_

Did you graduate?  Yes  No

Did you receive a Canada/New Brunswick Student Loan during this study period?  Yes  No

Name of Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

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Year of Study \_\_\_\_\_ Level of Study\* \_\_\_\_\_ Faculty and Major \_\_\_\_\_

Did you graduate?  Yes  No

Did you receive a Canada/New Brunswick Student Loan during this study period?  Yes  No

Name of Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

Year of Study \_\_\_\_\_ Level of Study\* \_\_\_\_\_ Faculty and Major \_\_\_\_\_

Did you graduate?  Yes  No

Did you receive a Canada/New Brunswick Student Loan during this study period?  Yes  No

Name of Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

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Year of Study \_\_\_\_\_ Level of Study\* \_\_\_\_\_ Faculty and Major \_\_\_\_\_

Did you graduate?  Yes  No

Did you receive a Canada/New Brunswick Student Loan during this study period?  Yes  No

Name of Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

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Year of Study \_\_\_\_\_ Level of Study\* \_\_\_\_\_ Faculty and Major \_\_\_\_\_

Did you graduate?  Yes  No

Did you receive a Canada/New Brunswick Student Loan during this study period?  Yes  No

Name of Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

# Applicant Study Period Resources

## Income Tax Information

Did you file a 2021 Income Tax Return?  Yes  No

Were you employed in 2021?  Yes  No

You are required to provide the amount showing on the following line numbers of your 2021 Income Tax Return.

**Enter "0" if there is no amount reported/to be reported.**

Line 15000 Total Income: \$ \_\_\_\_\_ . \_\_\_\_\_

Line 21000 Elected Split Pension Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

## Income during your study period

Indicate all income, before deductions, that you expect to receive from the following sources during your study period for the 2022-2023 academic year:

*Your study period is the period while you are in class.*

Check (✓) the box if you will not have any income to report during your study period.

## Scholarships/Bursaries

List all scholarships and bursaries you will receive from your educational institution or community organizations including but not limited to entrance scholarships, merit-based scholarships, doctoral fellowships, need based scholarships or bursaries, etc. Do not include any expected from Student Financial Services.

\$ \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_

## Tuition Reduction/Family Discount

If you are eligible for a reduced tuition fee, you must claim the amount of the reduction. For example, you may be charged a reduced tuition fee if your parent is employed by the educational institution you are attending.

\$ \_\_\_\_\_

## Income Tax Return

If you have not yet filed your 2021 tax return, provide the information that you will be reporting on the line numbers.

If current year income is expected to be significantly lower than the previous year, a review may be requested. Information is detailed at [studentaid.gnb.ca](http://studentaid.gnb.ca) under *Requesting a funding review*.

## Study Period Income

You do **NOT** need to include the following resources: savings, RRSPs, RESPs, RDSPs, employment income, Social Assistance benefits, Employment Insurance benefits, CPP/QPP benefits, Canada child benefit or PSSSP funding provided by Indigenous and Northern Affairs Canada.

## **Other Targeted Resources**

This is funding you are receiving specifically targeted to cover education costs. These funds could be paid directly to your educational institution (for instance, to cover tuition) or they could be paid directly to you.

For example, a training allowance or money from an employer that covers room and board is considered a targeted resource.

\$ \_\_\_\_\_ Source \_\_\_\_\_

## **Training and Skills Development**

Are you or will you be receiving Training and Skills Development (TSD) funding from Working NB for your period of study?  Yes  No

**Note:** Your TSD funding details must be provided to our office to be considered for all student financial assistance programs. Your application will only be assessed for New Brunswick Loan funding until the TSD funding details are received.

## **Employment History**

Provide details for periods in which you were employed, received Employment Insurance (EI) benefits or were actively seeking employment over the last four years. Do not list any periods when you were in full-time post-secondary studies.

Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

Employed  Receiving Employment Insurance  Seeking Employment

Province \_\_\_\_\_

Name of Employer \_\_\_\_\_

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Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

Employed  Receiving Employment Insurance  Seeking Employment

Province \_\_\_\_\_

Name of Employer \_\_\_\_\_

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Start Date (yyyy/mm) \_\_\_\_\_ End Date (yyyy/mm) \_\_\_\_\_

Employed  Receiving Employment Insurance  Seeking Employment

Province \_\_\_\_\_

Name of Employer \_\_\_\_\_

### **Training and Skills Development**

If you are a WorkingNB client receiving TSD, your TSD funding must be included as a resource in order to be considered for all federal and provincial Student Financial Assistance (SFA). If your TSD funding information is not provided or not yet finalized, your application will be assessed for New Brunswick Loan only. Refer to the [Instructions](#) for more information.

## Applicant Declaration and Consent

**This must be signed by the applicant and signature must appear in both areas in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.**

### DECLARATION

I am hereby applying for financial assistance from the Department of Post-Secondary Education, Training and Labour (the Department), knowing it is an offence under the *Canada Student Financial Assistance Act (CSFAA)*, the *Canada Student Loans Act (CSLA)* and the *Post-Secondary Student Financial Assistance Act (PSFAA)*, to knowingly make any false statements or misrepresentation in an application or other document, or to willfully furnish any false or misleading information. I understand that all file information is subject to audit and verification.

**I understand** that failure to provide complete, accurate and updated information and documentation, either in my application or in response to requests for verification or audit purposes, may preclude me from receiving financial assistance in the future, and may result in the cancellation of my current award and/or other benefits, such as bursaries and interest-free status.

**I agree** to notify the Department, in writing, of changes in my period of study, academic information, financial status, or marital status throughout my period of studies.

**I direct** that Canada and/or New Brunswick may directly remit all or a portion of my financial assistance to my educational institution where my educational institution requests the payment of my academic fees.

**I agree** to use any financial assistance provided to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies, and not accept government student loan assistance from any other provinces while receiving assistance authorized by the Province of New Brunswick.

**I understand** that I am responsible for repaying all student loans granted to me.

**I acknowledge** that any overaward of loan or bursary funding, should the Department find my assessment inaccurate, even if the inaccuracy is a result of an error on my part, or on the part of: my parent(s)/guardian(s)/official sponsor(s), spouse/common-law partner, my educational institution or the Department, will be recovered either (a) by reducing a subsequent student financial assistance assessment, or (b) through collection efforts.

**I certify** that I have read and understand the information provided in the *Student Financial Assistance Handbook*.

### INFORMATION CONSENT

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the *Canada Student Financial Assistance Act (CSFAA)* and the *Canada Student Loans Act (CSLA)*. Information about you under the control of Canada will be administered in accordance with the *Privacy Act (Canada)*.

Under the authority of the *Post-Secondary Student Financial Assistance Act (PSFAA)*, 2007, c.P-9.315, the Department collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act (RTIPPA)*, SNB 2009, c. R-10.6; and the Department's *Document and Record Management Policy* for the purposes of administering programs and services.

### I consent to

- the Department collecting personal information about me, including, but not limited to, my updated address/telephone number and my academic performance for the period stated on this application, or for previous periods as considered necessary by the Department, from any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and any other agencies and persons, in relation to my application for student financial assistance;
- the Department using any personal information about me collected in relation to my application for student financial assistance;
- the Department exchanging any personal information about me collected in relation to my application for financial assistance, with any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and any other agencies and persons;
- the Department disclosing my social insurance number to the Canada Revenue Agency; and

**THIS IS A TWO PAGE DECLARATION AND CONSENT**

**PLEASE INITIAL TO ACKNOWLEDGE THAT YOU HAVE READ THIS FIRST PAGE \_\_\_\_\_**

- the Department verifying my personal information (specifically, my social insurance number, name, date of birth, gender) provided in support of my application for student financial assistance, with information contained in the Employment and Social Development Canada Social Insurance Register;

**for the following purposes:**

- processing my application for student financial assistance;
- determining and verifying my eligibility for student financial assistance;
- administering any student financial assistance provided to me, including the repayment and collection thereof;
- conducting research and evaluation of the student financial assistance program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and regulations thereunder;
- recovering money owing under a direct loan, a loan made by a lender under the *Youth Assistance Act* (risk-shared loan) or a loan referred to in section 45 of the *Post-Secondary Student Financial Assistance Act* (fee for service loans); and
- confirming the accuracy of my identification in the context of my application for federal and provincial student financial assistance.

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program because of its administrative requirements and the requirements established by the *Canada-New Brunswick Student Loans Program Integration Agreement* and in accordance with the *Right to Information and Protection of Privacy Act*.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

*I have read the above information in its entirety. I acknowledge that this declaration and consent is valid for the duration of the program(s) or service(s) and the monitoring associated with it.*

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Canada Revenue Agency Authorization

In the event that my student loan is transferred to the Central Collection Services of Service New Brunswick from the National Student Loans Service Centre, I give consent to the Canada Revenue Agency to provide my most current address and telephone number to the Central Collection Services unit. I understand that this information will be used to contact me to establish repayment arrangements of the provincial portion of my student loan. This last mentioned consent will apply until the provincial portion of my student loan is repaid in full.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Appendix A

## Authorization to Disclose Information

2022-2023

If you wish your parent(s)/guardian(s)/step-parent(s), spouse/common-law partner or any other person(s) to communicate with the Department of Post-Secondary Education, Training and Labour (the Department) on your behalf regarding your student financial assistance file, you must complete this form. Completion of this form will authorize the Department to communicate with the person(s) named below regarding your file, and to disclose to and discuss with the named person(s) your personal information contained in your file.

*I hereby authorize the Department to communicate with the person(s) named below regarding my student financial assistance file, and to disclose to and discuss with the named person(s) my personal information contained in my file, namely: my personal, academic and financial information contained in my application form, in the material provided in connection with my application, and in the material the Department is authorized by me and by law to collect in connection with my application; the status of my application; and, the administration, repayment and collection of any financial assistance provided to me as a result of my application for assistance.*

*I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it. I understand that I can cancel this authorization in writing at any time.*

X \_\_\_\_\_  
Signature of Applicant Date

### PERSON(S) AUTHORIZED TO COMMUNICATE WITH THE DEPARTMENT

*You may authorize more than one person*

1. Name of Third Party:

\_\_\_\_\_  
First Name Last Name Initial

Address:

\_\_\_\_\_  
Street Address, P.O. Box, Apt. No. City/Town Province Postal Code

Area Code and Telephone No.: ( ) \_\_\_\_\_

2. Name of Third Party:

\_\_\_\_\_  
First Name Last Name/ Initial

Address:

\_\_\_\_\_  
Street Address, P.O. Box, Apt. No. City/Town Province Postal Code

Area Code and Telephone No.: ( ) \_\_\_\_\_

# Appendix B

## Parents, Guardians, or Sponsors of Dependent Applicants

### 2022-2023

The information in this section is required if you are applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs.

If you are applying for New Brunswick Student Loan **only**, this information is **not** required.

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:

Legal First and Last Name of Applicant: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

### Parental Information

The term “parent” refers to a biological parent, step-parent, or adoptive parent. All references to parents also apply to guardians and sponsors. **If your parents are separated or divorced**, provide the information for your custodial parent who is the one with whom you normally reside or who supports the majority of your living expenses. If your custodial parent remarried or was in a common-law relationship before you turned 18 years of age, or if your step-parent has legally adopted you, your step-parent's income tax return information is also required (Parent #2).

#### Parent #1

Social Insurance Number (SIN): \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

---

Legal First Name	Legal Last Name	Middle Initial
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Relationship to Applicant. Check (✓) the appropriate box:

Parent       Guardian       Step-Parent       Sponsor

Marital Status:

Single       Married       Common-law       Separated       Divorced       Widowed

## Mailing Address

Check (✓) the box if your parent's mailing address and telephone number are the same as your permanent address.

---

Street Address/P.O. Box

Apartment No.

City/Town

---

Province/Territory

Country (other than Canada)

Postal Code

Area Code and Home Telephone No.: \_\_\_\_\_

## Parent #2

Social Insurance Number (SIN): \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

---

Legal First Name

Legal Last Name

Middle Initial

Relationship to Applicant. Check (✓) the appropriate box:

Parent

Guardian

Step-Parent

Sponsor

# Parental Income

You are required to provide the amounts showing on the following line numbers of your parent's 2021 Income Tax Return(s).

**Enter "0" if there is no amount reported/to be reported.**

## Parent #1

Did your parent file a 2021 Income Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line 15000 Total Income	\$ _____ . _____
Line 21000 Elected Split-Pension Amount	\$ _____ . _____
Line 21999 Support payments made	\$ _____ . _____
Line 30300 Spouse or common-law partner amount	\$ _____ . _____
Line 30800 or 31000 CPP or QPP Contributions	\$ _____ . _____
Line 31200 Employment Insurance Premiums	\$ _____ . _____
Line 43500 Total Payable	\$ _____ . _____

## Parent #2

Did your parent file a 2021 Income Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line 15000 Total Income	\$ _____ . _____
Line 21000 Elected Split-Pension Amount	\$ _____ . _____
Line 21999 Support payments made	\$ _____ . _____
Line 30300 Spouse or common-law partner amount	\$ _____ . _____
Line 30800 or 31000 CPP or QPP Contributions	\$ _____ . _____
Line 31200 Employment Insurance Premiums	\$ _____ . _____
Line 43500 Total Payable	\$ _____ . _____

### Income Tax Return

If your parent(s) have not yet filed their 2021 tax return, provide the information that they will be reporting on these line numbers.

If current year income is expected to be significantly lower than the previous year, a review may be requested. Information is detailed at [studentaid.gnb.ca](http://studentaid.gnb.ca) under *Requesting a Funding Review*.

Indicate any financial support you will receive from your non-custodial parent towards the cost of your study period \$ \_\_\_\_\_



## Second Dependant

---

Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

If this dependant is 12 years or older, are they permanently disabled?  Yes  No

Is this dependant enrolled in post-secondary studies?  Yes  No

If **yes**, provide the following information:

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

## Third Dependant

---

Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

If this dependant is 12 years or older, are they permanently disabled?  Yes  No

Is this dependant enrolled in post-secondary studies?  Yes  No

If **yes**, provide the following information:

Social Insurance Number: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

If there are more than three dependants, attach an extra sheet of paper to the application with their information.

# Declaration and Consent by Parent(s), Guardian(s) or Step-Parent(s)

**The signature of each parent (if two-parent family) must appear in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.**

**I declare** that I have given complete and true information, knowing that it is an offence under the *Canada Student Financial Assistance Act (CSFAA)*, the *Canada Student Loans Act (CSLA)* and the *Post-Secondary Student Financial Assistance Act (PSFAA)*, to knowingly make any false statements or misrepresentation in an application or other document, or to willfully furnish any false or misleading information.

**I understand** that I am not liable for government student loans granted to the applicant.

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the *Canada Student Financial Assistance Act (CSFAA)* and the *Canada Student Loans Act (CSLA)*. Information about you under the control of Canada will be administered in accordance with the *Privacy Act (Canada)*.

Under the authority of the *Post-Secondary Student Financial Assistance Act, 2007, c.P-9.315*, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act (RTIPPA)*, SNB 2009, c. R-10.6; and the Department's *Document and Record Management Policy* for the purposes of administering programs and services.

## **I consent to**

- the Department collecting personal information about me from any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons;
- the Department using such personal information so collected; and
- the Department exchanging such personal information so collected with any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons;

## **for the following purposes:**

- processing the applicant's application for student financial assistance;
- determining and verifying the applicant's eligibility for student financial assistance;
- administering any student financial assistance provided to the applicant, including the repayment and collection thereof;
- conducting research and evaluation of the student financial assistance program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and regulations thereunder; and
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder.

Further, in the event the applicant requests a review of their application for student financial assistance, I consent to the Department disclosing to the applicant any of my personal information provided by me or by a third party to the Department in relation to the applicant's application for student financial assistance.

I understand that I can cancel my consent in writing at any time and in doing so I understand that the applicant will no longer be able to participate in the program because of its administrative requirements and the requirements established by the *Canada-New Brunswick Student Loan Program Integration Agreement* and in accordance with the *Right to Information and Protection of Privacy Act*.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

*I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.*

X \_\_\_\_\_  
Signature of Parent #1

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent #2

\_\_\_\_\_  
Date



# Appendix C

## Partner of Married/Common-Law Applicant

### 2022-2023

For file reference purposes, provide the name and Social Insurance Number (SIN) of the applicant:

Legal First and Last Name of Applicant: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

### Partner Information

The term “partner” refers to spouse or common-law partner.

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

---

Legal First Name

Legal Last Name

Middle Initial

### Mailing Address

Check (✓) the box if your partner’s mailing address and telephone number are the same as your permanent address.

---

Street Address/P.O. Box

Apartment No.

City/Town

---

Province/Territory

Country (other than Canada)

Postal Code

Area Code and Home Telephone No.: \_\_\_\_\_

## Study Period Information

What will your partner's status be, as of your study period start date?

- Employed
- Unemployed
- Attending post-secondary studies on a full-time basis

If you checked "Attending post-secondary studies on a full-time basis", provide the following information regarding your partner:

Name of Educational Institution: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Dates of Study: From (yyyy/mm) \_\_\_\_\_ To (yyyy/mm) \_\_\_\_\_

Also applying for student financial assistance?  Yes  No

***If your partner is a full-time student and also applying for New Brunswick Student Financial Assistance, send both applications together.***

## Partner Income

The information in this section is required if you are applying for full consideration under the Canada and New Brunswick Student Financial Assistance Programs.

If you are applying for New Brunswick Student Loan **only**, this information is **not** required.

Partner's Social Insurance Number (SIN): \_\_\_\_\_

Is your partner in receipt of:

- Employment Insurance (EI) benefits?  Yes  No
- Social Assistance?  Yes  No
- Federal or Provincial disability benefits?  Yes  No

Did your partner file a 2021 Income Tax Return?  Yes  No

You are required to provide the amounts showing on the following line numbers of your partner's 2021 Income Tax Return.

**Enter "0" if there is no amount reported/to be reported.**

Line 15000 Total Income \$ \_\_\_\_\_ . \_\_\_\_\_

Line 21000 Elected Pension Split \$ \_\_\_\_\_ . \_\_\_\_\_

### Income Tax Return

If your partner has not yet filed their 2021 tax return, provide the information that he/she will be reporting on these line numbers.

If current year income is expected to be significantly lower than the previous year, a review may be requested. Information is detailed at [studentaid.gnb.ca](http://studentaid.gnb.ca).

# Declaration and Consent by Spouse/Common-Law Partner

**Signatures must appear in ink. Applications received without the signature or date will not be processed. Correspondence will be sent requesting appropriate completion of the section which will result in processing delays.**

**I declare** that I have given complete and true information, knowing that it is an offence under the *Canada Student Financial Assistance Act (CSFAA)*, the *Canada Student Loans Act (CSLA)* and the *Post-Secondary Student Financial Assistance Act (PSFAA)*, to knowingly make any false statements or misrepresentation in an application or other document, or to willfully furnish any false or misleading information.

**I understand** that I am not liable for government student loans granted to the applicant.

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program (CSFA Program) under the authority of the *Canada Student Financial Assistance Act (CSFAA)* and the *Canada Student Loans Act (CSLA)*. Information about you under the control of Canada will be administered in accordance with the *Privacy Act (Canada)*.

Under the authority of the *Post-Secondary Student Financial Assistance Act, 2007, c.P-9.315*, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act (RTIPPA)*, SNB 2009, c. R-10.6; and the Department's *Document and Record Management Policy* for the purposes of administering programs and services.

## **I consent to**

- the Department collecting personal information about me from any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons;
- the Department using such personal information so collected; and
- the Department exchanging such personal information so collected with any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons;

## **for the following purposes:**

- processing the applicant's application for student financial assistance;
- determining and verifying the applicant's eligibility for student financial assistance;
- administering any student financial assistance provided to the applicant, including the repayment and collection thereof;
- conducting research and evaluation of the student financial assistance program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder.

Further, in the event the applicant requests a review of their application for student financial assistance, I consent to the Department disclosing to the applicant any of my personal information provided by me or by a third party to the Department in relation to the applicant's application for student financial assistance.

I understand that I can cancel my consent in writing at any time and in doing so I understand that the applicant will no longer be able to participate in the program because of its administrative requirements and the requirements established by the *Canada-New Brunswick Student Loan Program Integration Agreement* and in accordance with the *Right to Information and Protection of Privacy Act*.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

*I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.*

**X** \_\_\_\_\_  
Signature of Spouse/Common-Law Partner

\_\_\_\_\_  
Date