

CREDIT CHECK INFORMATION BULLETIN



If you are 22 years of age or older and have never received provincial student financial assistance, you will undergo a credit check before being assessed for financial assistance.

Credit Check Criteria

For the purpose of administering the New Brunswick Student Financial Assistance Program (provincial funding), as defined in Section 3 of the *Post-Secondary Student Financial Assistance Act Regulations*, a history of credit abuse is defined as the existence of one or more of the following events within the three-year period preceding the date of the credit check:

- A loan or debt, or combination thereof, of \$1,000 or more that has been referred to a collection agency for recovery;
- A minimum of three instances where installment or revolving credit accounts have been more than three months overdue;
- Any indebtedness, or combination thereof, of \$1,000 or more that has been written off by the lender;
- Any indebtedness that has been the object of a successful lawsuit brought by a lender against the student (whether alone or jointly with one or more other borrowers);
- A loan, or combination thereof, of \$1,000 or more for which the lender has repossessed collateral pledged to the lender as security;
- The student has filed a proposal in bankruptcy or made any proposal, scheme or arrangement to the applicant's creditors, filed a Notice of Intention to File a Proposal in Bankruptcy, or had the status of a bankrupt.

Credit Check Results

If you do not pass the credit check for provincial funding, you may be denied provincial financial assistance. You may be eligible for federal funding even if you do not pass the provincial credit check. If 3 years have passed since the failed provincial credit check, a new credit check will be completed to determine if you have become eligible for provincial funding.

If you are denied financial assistance because of your credit history, you should contact the credit check agency to ensure your credit history is accurate.

Contact: TransUnion Customer Relations
1-800-663-9980 (within Canada)
1-800-916-8800 (US Citizens)

If you believe that the credit check results provided to Student Financial Services (SFS) by Trans Union of Canada Inc. are inaccurate, you must correct it directly with Trans Union of Canada Inc. and send a copy of the revised credit report to SFS for review.

Student Financial Services Post-Secondary Education, Training and Labour

Beaverbrook Building P.O. Box 6000 Fredericton NB E3B 5H1
Tel.: 506-453-2577 Toll Free: 1-800-667-5626 Fax: 506-444-4333



StudentAid.GNB.CA

Credit Check Review Process

You may qualify for a review of your credit situation by Student Financial Services (SFS) if the reasons for your financial circumstances were beyond your control and/or the control of your partner¹ (if applicable). Circumstances beyond your control must be directly related to a loss or substantial reduction in income and/or unexpected or exceptional expenses. All expenses must have been incurred and paid by you (and/or your partner) and be related to the period of credit difficulties/problems.

To request a credit check review, you must submit a letter providing an explanation as to why you believe the credit problems encountered in the past were due to circumstances beyond your control and include all supporting documentation specific to your circumstances, as outlined below. Your review will **not** be considered if you do not provide documentation to support your request.

All documentation can be submitted electronically by visiting studentaid.gnb.ca and selecting *Upload a Document*. It can also be mailed or faxed to Student Financial Services.

Your request for a credit check review must be received at SFS **no later than six weeks before the end of your study period** as funds cannot be released after your period of study end date.

Required Documentation

| Category | Description | Documents Required |
|---|--|---|
| Unexpected or Exceptional Expenses | | |
| Essential, uninsured home repairs | These are repairs that were necessary for health and safety reasons and cannot be for cosmetic reasons. Normally these expenses are of a one-time only nature and do not include expenses related to the day-to-day maintenance of a home (i.e. replacement of an older roof). | <ul style="list-style-type: none"> Receipts itemizing the costs paid, and A statement describing the type of repairs and why they were necessary. |
| Uninsured medical, dental or optical expenses | Includes those incurred by dependents. The expenses must not have been paid by another person or by a private insurance plan. | <ul style="list-style-type: none"> A copy of the receipts from the medical practitioner. |
| Caring for children with disabilities | Significant child care/attendant expenses incurred as a result of a dependent child with a disability. | <ul style="list-style-type: none"> Copies of all child care/attendant receipts, and A letter from the family physician/medical practitioner indicating the nature of the disabled child's condition. |
| Caring for elderly/infirm relative(s) | Significant expenses to care for an elderly/infirm relative. | <ul style="list-style-type: none"> Copies of all receipts for costs incurred to care for the elderly/infirm relative, and A letter outlining the details of the situation (i.e. the nature and duration of the care required). |
| Legal fees | Fees related to buying a home or to the operation of a business will <u>not</u> be considered an exceptional or unexpected legal expense. | <ul style="list-style-type: none"> An itemized account from your lawyer showing the amounts paid, when the payments were made and the reasons the costs were incurred. |
| Funeral expenses | Uninsured expenses incurred for funeral services | <ul style="list-style-type: none"> Copies of all receipts; and A copy of the death certificate |

¹ The term "partner" found throughout this document refers to your spouse or common-law partner

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|--|--|---|
| A Loss or Substantial Reduction in Income or Earnings | | |
| Layoff, dismissal, or reduction of normal income | A reduction or an interruption in your (and/or your partner's) regular employment income as a result of a layoff, dismissal, or involuntary reduction to part-time or lower paying work. | <ul style="list-style-type: none"> A letter indicating why you (and/or your partner) were unable to find new or additional employment. The letter must show that a reasonable effort to find full-time work was made. <u>In the case of a layoff or dismissal</u>, a copy of the notice of layoff or dismissal, or a copy of the Record of Employment. You are not required to include the reason for the dismissal. <u>In the case of a reduction to part-time or lower paying work</u>, a letter from your employer (or your partner's employer) indicating the reduction in the amount of time worked or salary earned, and why the reduction occurred. |
| Illness | You (and/or your partner) were unable to work for a substantial period of time as a result of a temporary illness. | <ul style="list-style-type: none"> A letter from you (and/or your partner) indicating the reason that you were unable to work, and A certificate from a physician outlining the nature of the illness, the care required and the period of time that you (and/or your partner) were unable to work. |
| Changes in Family/Marital Situation | A change in your family situation, such as a divorce or separation, the death of a partner, or the birth or adoption of a child that has affected your normal income. | <ul style="list-style-type: none"> A copy of the divorce/separation papers indicating that you have a legal responsibility to make payments to the child or ex-partner, and the date this became effective, or A copy of the death or birth certificate, or proof of adoption. |
| Inability to work full-time due to a disability | You (and/or your partner) have recently become disabled, or have an ongoing disability, which has substantially reduced your normal income. | <ul style="list-style-type: none"> A medical certificate to substantiate the disability and your inability (and/or your partner's inability) to work full or part-time as a result of the disability. |
| Failure of an ex-partner to maintain family support payments | Failure of your partner/ex-partner to meet his/her court-ordered support payment obligations | <ul style="list-style-type: none"> A letter from your lawyer indicating the amount and the time period during which the payments from your partner/ex-partner were not made. |

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