

PARTNER'S GROSS INCOME AND FIXED CONTRIBUTION REVIEW



This form can be used by **married/common-law students** requesting that their partner's gross income and/or fixed contribution be reviewed.

STUDENT'S INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Insurance Number	First Name	Last Name

PARTNER'S INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Insurance Number	First Name	Last Name

PARTNER'S GROSS INCOME

If it is expected that there will be a decrease of at least 5% in your partner's gross income (line 15000) for the 2023 taxation year (January 1 to December 31, 2023) than that declared on the 2022 Income Tax Return, complete the income information below. Provide proof of all expected income for your partner for the 2023 taxation year (January 1 to December 31). Include income from **all** sources. The total expected income should be the amount your partner expects to declare on line 15000 of their 2023 Income Tax Return.

A review is not required if the income reported on line 15000 of the previous year income tax return was under \$30,000 as there will be no impact to the assessment.

Partner's Income Information

If completing this form before December 31, 2023, provide the following details:

Total gross income from January 1, 2023 to the date you complete this form – proof is required* .	\$
Total gross income expected from the date you complete this form to December 31, 2023 – proof is required, if available* .	\$
Total expected income for the 2023 taxation year.	\$

If completing this form before December 31, 2023, provide the following details:

Total gross income from January 1 to December 31, 2023 – proof is required* .	\$
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***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.



FIXED PARTNER CONTRIBUTION

Your partner's contribution may be reduced if, at anytime during the period of study for which you are applying, they are also a full-time student, or are in receipt of Employment Insurance, Social Assistance or federal/provincial disability benefits.

Will your partner be a full-time student at a post-secondary school during any part of the period of study for which you are applying?

No Yes - provide details of your partner's period of study below

Name of post-secondary school						
Program of study						
Period of study start date	____	/	____	/	____	
	YYYY		MM		DD	
Period of study end date	____	/	____	/	____	
	YYYY		MM		DD	

Will your partner receive any of the benefits listed below during any part of the period of study for which you are applying?

No Yes - select (✓) the statement below that applies to your partner's situation

Your partner is in receipt of Employment Insurance.

Effective dates: From / / To / /
 YYYY MM DD YYYY MM DD

Your partner is in receipt of Social Assistance.

Effective dates: From / / To / /
 YYYY MM DD YYYY MM DD

Your partner is in receipt of federal or provincial disability payments.

Effective dates: From / / To / /
 YYYY MM DD YYYY MM DD

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

 Signature of Partner

 Date