

Manitoba Student Aid

401-1181 Portage Avenue
Winnipeg, Manitoba R3G 0T3
T 204-945-6321 F 204-948-3421

www.manitobastudentaid.ca
TF 1-800-204-1685
TTY 1-866-209-0696

Student Name _____ File # _____

Date: _____

ADDITIONAL ASSISTANCE

If you will not be able to complete this year of study without additional assistance, complete the attached APPLICANT'S CASH FLOW form and return it with all required documentation. Once you have provided our office with the completed form and all required documentation, we will review it and make a decision regarding additional assistance.

If your shortfall is as a result of a change in your situation, such as increased course load or a reduction in your income, there is no need to complete this specific form. Simply provide a signed letter requesting that your file be reassessed and the reason for the request, along with documentation to support your request.

Funds issued based on a cash flow are limited to a maximum of \$3333.00 and can only be issued **once** per academic lifetime.

Student Advisors are available to work with applicants who have student aid concerns due to family breakdown, budgeting, debt repayment and related issues.

All information you and your family provide to Manitoba Student Aid is subject to verification and audit.

Manitoba Student Aid requires all information be received **no later than 45 days before your study period ends**; otherwise your application may not be processed or reviewed. Once the required information is received, we will continue processing your application. Please note that processing may take up to five weeks and that funds cannot be released after your study period end date.

If you have any questions or require clarification, please contact Manitoba Student Aid:

In Winnipeg: 204-945-6321
In Brandon: 204-726-6592

Toll-free (Canada and the USA) 1-800-204-1685

APPLICANT'S CASH FLOW

Monthly Resources (while in school)	Monthly Living Costs (while in school)
Applicant's monthly earnings: Gross \$ _____ Net \$ _____	Rent/Mortgage \$ _____ Property Tax \$ _____
Spouse's monthly earnings: Gross \$ _____ Net \$ _____	Electricity, Heat (natural gas/other) \$ _____ Telephone/Cell Phone \$ _____
Employment Insurance Benefits Gross \$ _____ Net \$ _____	Internet/Cable \$ _____ Water \$ _____
CPP/Pension Benefits \$ _____	Food/Groceries/Eating Out \$ _____
Workers Compensation \$ _____	Clothing/Hygiene \$ _____
Spousal/Child Support \$ _____	Gas/Oil/Parking \$ _____
Child Tax Benefit \$ _____	Car/House/Personal Insurance \$ _____
Assistance from Parents (loans) \$ _____	Medical/Dental \$ _____
Assistance from Parents (cash gifts) \$ _____	Day Care \$ _____
Training and Employment Services funding \$ _____	Spousal/Child Support \$ _____
Other (Specify) _____ \$ _____	Recreation/Entertainment \$ _____
	Bus Pass \$ _____
	Other Costs (Specify) _____
	_____ \$ _____
	_____ \$ _____
TOTAL MONTHLY RESOURCES \$ _____	TOTAL MONTHLY COSTS \$ _____
 Other non-monthly Resources:	
Income Tax Refund	
Applicant and Spouse, if applicable \$ _____	
GST Refunds (Quarterly amount) \$ _____	
 Debt Payments PROVIDE CURRENT STATEMENT(S)	
Bank Balance at start of school: _____ (mm/dd/yy)	Specify Creditor
account number # _____ \$ _____	Include credit cards, lines of credit, & vehicle payments
account number # _____ \$ _____	Minimum Monthly Payment
account number # _____ \$ _____	_____ \$ _____
TOTAL RESOURCES \$ _____	_____ \$ _____

What is the additional amount of assistance you require for this study period? \$ _____

The following documentation must be attached:

- A copy of recent pay/benefit stubs. (Indicate if __weekly __ bi-weekly __ monthly).
- A copy of bank statements from one month before the start of school, including the first day of study, with all utility, rent/mortgage and insurance payments clearly labelled. Statement must include first day of study.
- Documentation of average monthly payments for rent/mortgage and debt payments.
- Documentation for any other type of situation that you wish to be considered.
- A copy of your complete academic history for all years of post-secondary education.

Signature of Applicant

Daytime Phone Number

Date

Signature of Spouse

Daytime Phone Number

Date