



Education and Training

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: _____

RE: REQUEST TO REVIEW THE EXPECTED PARENTAL CONTRIBUTION

If you wish to have your Expected Parental Contribution reviewed, have your parents provide either the 'REDUCTION IN PARENTAL INCOME form **or** the PARENTS' CASH FLOW form, not both.

If your parents' income is substantially lower in 2019, have them complete the REDUCTION IN PARENTAL INCOME form.

If your parents' income has not changed but they are experiencing a cash flow problem and for this reason, you will be unable to complete your current year of study, have them complete the information requested on the PARENTS' CASH FLOW form and return it with all required information. Manitoba Student Aid may request additional documentation to support the claims made.

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

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:

Phone: 204-945-6321
Toll-free (Canada and the USA) 1-800-204-1685

Manitoba Student Aid
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REDUCTION IN PARENTAL INCOME

In the 'Actual' column, enter today's date in the space provided, and then enter income and deductions from your pay advice (paystub) within that timeframe.

In the 'Estimate' column, enter today's date in the space provided, and then give estimates of what you expect your income and deductions to be until the end of the year.

Your reported income will be verified with the Canada Revenue Agency. Inaccurate information could result in overawards which could affect future funding.

2019 Income	Parent # 1			Parent # 2		
	Actual Jan 1st to <u> </u> (today's date)	Estimate <u> </u> (today's date) to Dec 31st	Total	Actual Jan 1st to <u> </u> (today's date)	Estimate <u> </u> (today's date) to Dec 31st	Total
Gross Salary (Wages)						
Employment Insurance Income						
Net Self-Employed Income						
Pension Income						
Non-Taxable Income Sources						
Investment Income						
Other Income (Specify)						
Office Use						

2019 Deductions	Parent #1			Parent #2		
	Actual Jan 1st to <u> </u> (today's date)	Estimate <u> </u> (today's date) to Dec 31st	Total	Actual Jan 1st to <u> </u> (today's date)	Estimate <u> </u> (today's date) to Dec 31st	Total
Income Tax Deductions						
Canada Pension Plan Deductions						
Employment Insurance Deductions						
Office Use						

DECLARATION

I hereby declare that the information given above is true and complete.

Signature of Parent #1

Date

Daytime Telephone Number

Signature of Parent #2

Date

Daytime Telephone Number

PARENTS' CASH FLOW

Monthly Resources			Monthly Living Costs	
Parent #1 monthly earnings:			Rent/Mortgage	\$ _____
Gross \$ _____	Net	\$ _____	Electricity, Heat (natural gas/other)	\$ _____
Parent #2 monthly earnings:			Telephone/Cell Phone	\$ _____
Gross \$ _____	Net	\$ _____	Water	\$ _____
Employment Insurance Benefits			Food/Groceries/Eating Out	\$ _____
Gross \$ _____	Net	\$ _____	Clothing/Hygiene	\$ _____
CPP benefits		\$ _____	Gas/Oil/Parking	\$ _____
Pension benefits		\$ _____	Car/House/Personal Insurance	\$ _____
Workers Compensation		\$ _____	Medical/Dental	\$ _____
Foster Childcare Income		\$ _____	Spousal/Child Support	\$ _____
Spousal/Child Support		\$ _____	Property Tax	\$ _____
Maintenance/Settlements		\$ _____	Cable/Internet	\$ _____
Child Tax Benefit		\$ _____	Recreation/Entertainment	\$ _____
Training and Employment Services funding		\$ _____	Day Care	\$ _____
			Donations	\$ _____
Other (Specify)			Bus Pass	\$ _____
_____		\$ _____	Other (Specify)	
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
			_____	\$ _____
TOTAL		\$ _____	TOTAL	\$ _____
			Debt Payments	
			Specify Creditor and Principal Owing	Monthly Payment
			Include credit cards, lines of credit, & vehicle payments	
			_____	\$ _____
			_____	\$ _____
			_____	\$ _____
			TOTAL	\$ _____

1. Provide a copy of recent pay/benefit stubs. Indicate if __ weekly __ bi-weekly __ monthly __ semi-monthly
2. Provide documentation of rent/mortgage and debt payments.
3. How much assistance, in addition to what has been awarded already, does your daughter/son require to complete the current academic year? \$ _____

PLEASE NOTE THAT ANY ADDITIONAL ASSISTANCE IS AWARDED ON A ONE-TIME ONLY BASIS AND IS SUBJECT TO A MAXIMUM OF \$3333.00 PER ACADEMIC LIFETIME

Signature of Parent #1 _____ Date _____ Daytime Telephone Number _____

Signature of Parent #2 _____ Date _____ Daytime Telephone Number _____