

Part-time Student Grant & Loan Application – Declaration and Signature

Applicant's Name:

File Number:

Applicant's Declaration and Signature

- I will use this assistance to pay the costs associated with my program of studies.
- I authorize the government, appropriate authority, and educational institution to collect, use and disclose data and information on verifying any information related to any loan and/or grant that I may have for the purpose of carrying out their duties under the administration and enforcement of the Canada Student Financial Assistance Act and the Apprenfjce Loans Act.
- I authorize the Canada Revenue Agency to disclose any information pertaining to my income tax records.
- I certify that I am not currently in default of any Canada Student Loans and/or Canada Apprentice Loan.
- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.
- I understand that if I should receive a grant, it is awarded to me on the condition that it will be used for the purposes for which it was intended.
- I understand that if I do not respect this condition, it may result in loss of eligibility for future grant funding and possible legal action by the Government of Canada.
- I understand that, in respect of a Canada Student Loan and/or Grant if I knowingly make a false statement or misrepresentation in the application or other document or willfully provide any false or misleading information, I am guilty of an offence under the Canada Student Loans Act and/or Canada Student Financial Assistance Act and liable for a fine or summary conviction.

Borrowers in default of their full-time or part-time student loans, or their Canada Apprentice Loans, are restricted from receiving all forms of further assistance until their loans are brought up to date.

Signature of Applicant (signature must be in original ink)

Social Insurance Number

Date (yyyy-mm-dd)

Spouse's/Common-Law Partner's Declaration and Signature

- I have given complete and true information on this form. I understand that personal information that is relevant to
 a reassessment or an appeal may be shown to the applicant if the applicant appeals his or her assessment or if
 the appropriate authority makes a reassessment of financial assistance.
- I authorize the Canada Revenue Agency to disclose any information pertaining to my income tax records. I am not liable for loans given to the applicant.

Given and Family Name of Spouse/Common-Law Partner (please print)

Social Insurance Number

Signature of Spouse/Common-Law Partner (signature must be in original ink)

Date (yyyy-mm-dd)