

**Spouse/Partner Information 2019/2020**  
**Applicants who are Married or Common Law\***

**Schedule 2**  
**19/20 S2**

\* You are considered to have a common law partner if:

- you and an individual have lived together in a conjugal relationship continuously for the past one year, or
- you have declared an individual to have a status equivalent to that of your common law partner under any law of Alberta or of Canada, or
- you and an individual are living together in a conjugal relationship where there are one or more children of the relationship by birth or adoption.

Applicant's Last Name

Initials

Social Insurance Number

**To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.**

**Spouse/Partner Information - To be completed by Applicant's spouse/partner**  
**- All \$ amounts must be submitted in Canadian dollars**

**Notice to Spouse/Partner:** If you do not wish to include your personal information with the Applicant's Application package, you may submit a completed Schedule 2 separate from the Application to: Alberta Student Aid, PO Box 28000 Stn Main, Edmonton AB T5J 4R4

**Spouse/Partner Information**

Spouse/Partner Social Insurance Number

Spouse/Partner Last Name

Spouse/Partner First Name

Spouse/Partner Birthdate

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you lived in Alberta all your life?  Yes  No

If no, is Alberta the last province you have lived in for 12 consecutive months without being a full-time student?  Yes  No

**Total income** (Line 150 of 2018 Income Tax Return) (**mandatory**) (see Funding Guide p.22 #5)

\$

Expected Reduced Yearly Income (see Funding Guide, p.22 #5)

Enter if your income in the current year is expected to be lower than Total Income from Line 150 above.

\$

The amount entered for Total Income and Expected Reduced Yearly Income affects grant eligibility. If a change to these amounts is submitted after any portion of funding has been paid, grant eligibility will not be reassessed.

**Spouse/Partner Income Source**

Will you be in receipt of Assured Income for the Severely Handicapped (AISH) at the start of the Applicant's study period?  Yes  No

Will you be in receipt of Canada Pension Plan (CPP) disability benefits at the start of the Applicant's study period?  Yes  No

Will you be in receipt of Employment Insurance (EI Benefits) at the start of the Applicant's study period?  Yes  No

Will you be in receipt of Alberta Works Income Support Benefits (formerly known as "Social Assistance") at the start of the Applicant's study period? DO NOT include any other sources of income.  Yes  No

If yes, enter monthly amount \$ \_\_\_\_\_

Date benefits start

Month	Year
<input type="text"/>	<input type="text"/>

If your benefits will end during the Applicant's study period, enter date

Month	Year
<input type="text"/>	<input type="text"/>

**Spouse/Partner School Status**

Will you be a full-time student at any time during the Applicant's study period?  Yes  No

If yes, date you start school

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date you end school

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If both you and the Applicant are attending full-time studies, you should **both** complete a separate application form for student aid.

# Spouse/Partner Information 2019/2020

## Applicants who are Married or Common Law

# Schedule 2

Applicant's Last Name

Initials

Social Insurance Number

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To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.

### Spouse/Partner Declaration - To be completed by Applicant's spouse/partner

Advanced Education is collecting this personal information under the authority of sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act (Alberta)* ("FOIP") to determine and verify the Applicant's eligibility for financial assistance, to administer (including research, statistical analysis, and evaluations) and to enforce student financial assistance programs in accordance with the *Student Financial Assistance Act (Alberta)*, the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The use and disclosure of your personal information is managed in accordance with FOIP.

The personal information may be disclosed to:

- federal, provincial or territorial government departments or agencies to verify any information the Applicant provided, determine the eligibility of the Applicant for financial assistance and to administer student financial assistance programs.
- the federal government for use in research, statistical analysis and evaluations related to student financial assistance programs.
- Alberta Community and Social Services and Alberta Labour to operate and administer provincial and federal student financial assistance programs, including your eligibility, and the eligibility of the Applicant, for financial assistance.
- any municipal government department or agency, landlord, lending institution, credit bureau or employer to verify any information the Applicant provided, to determine the eligibility of the Applicant for financial assistance and to administer student financial assistance programs.

If you have any questions about the collection, use or disclosure of this information, call the Alberta Student Aid Service Centre toll free at 1-855-606-2096 from anywhere in North America. You can also mail your questions to Alberta Student Aid, Privacy Officer, PO Box 28000 Stn Main, Edmonton AB T5J 4R4.

#### Spousal/Partner Declaration:

- I declare that the information given on this Schedule is true and complete.

**For the purpose of verifying the data provided in this Application for student financial assistance**, I hereby consent to the release, by the Canada Revenue Agency to an official of Alberta Advanced Education, of information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information is necessary for and will be used solely for the purpose of determining and verifying the Applicant's eligibility and entitlement for the student financial assistance programs under the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act*, and the *Student Financial Assistance Act (Alberta)*. The information will not be disclosed to any other person or organization without my approval. This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature of this consent and any other subsequent taxation year for which assistance is requested.

This consent may be revoked, in writing, by contacting Director, Student Services, Alberta Student Aid, Box 28000, Station Main, Edmonton AB T5J 4R4

Signature of Spouse/Partner (must be original, handwritten signature)

Today's Date

X <i>DIGITAL or ELECTRONIC SIGNATURE NOT ACCEPTED</i>	Day	Month	Year

### Upload or Mail Your Form

#### Send documents electronically

1. Visit [studentaid.alberta.ca](http://studentaid.alberta.ca)
2. Sign in to your account
3. Submit securely using Upload Electronic Document(s)
4. For assistance: eDoc Upload FAQs

#### Mailing Address

ALBERTA STUDENT AID  
 PO BOX 28000 STN MAIN  
 EDMONTON AB T5J 4R4