



SCHEDULE B
SPOUSE/PARTNER INFORMATION AND DECLARATION
 CSFA LOAN AND/OR GRANTS APPLICATIONS

Applicant's (student's) name: _____

Your name: _____ Social Insurance Number: ____ / ____ / ____

Prior to your spouse starting school for this current academic year, what province/territory did you live in for 12 consecutive months? _____

Note: If you live and work in a province or territory other than Yukon for the last 12 consecutive months, your spouse (the applicant) will be required to apply in the province/territory where you work.

Study period information

In which territory or province will you be living during your spouse's study period? _____

During your spouse's study period, select from the following that applies:

- Living with spouse
- Bus service available If No, distance from school/work (KM): _____

During your spouse's study period, select your status:

- Employed
- Employment insurance
- Social assistance
- Full-time post-secondary student: Start date: YYYY/MM/DD End date: YYYY/MM/DD
- Receiving federal/provincial or territorial permanent disability benefits

Have you or will you be applying for CSFA Loan and/or Grants? Yes No

If yes, which province or territory are you applying through? _____

Have you or will you be making CSFA Loan payments towards your own loan? Yes No

If yes, how much per month? \$ _____

I declare that the information submitted in this form is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the *Canada Student Loans Act*, *Canada Student Financial Assistance Act* and the *Canada Student Financial Assistance Regulations* to knowingly make any false statement or misrepresentation in this application or other documents or to willfully furnish any false or misleading information.

I declare that the designated authority for the Yukon Territory has my authorization to obtain, as required, any information relating to my income, and hereby consent to the release of information in support of this application.

I agree that information pertaining to this application may be shared with other funding agencies.

Signature of spouse: _____

Date: YYYY/MM/DD

We are collecting this personal information to determine and verify the applicant's eligibility for financial assistance in accordance with the *Student Financial Assistance Act* (Yukon), the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act* and the *Canada Student Financial Assistance Regulations*. The collection, use and disclosure of your personal information is carried out under the authority of Yukon's *Access to Information and Protection of Privacy (ATIPP) Act* and is managed in accordance with the *ATIPP Act*. If you have any questions about the collection of this information, please contact the Student Financial Assistance Office at 867-667-5929, sfa@gov.yk.ca, or at 1000 Lewes Blvd., Whitehorse.