

Appendix 7

REQUEST FOR REASSESSMENT

PURPOSE

For students to advise StudentAid BC when information provided on their current application has changed.

Note: If funds have already been disbursed, changes resulting from a reassessment may result in an overaward.

INSTRUCTIONS

1. Provide current application number.
2. Provide brief explanation of the change on page 2.
3. Answer **ONLY** the question(s) where you are reporting a change.
4. **Sign and date** Appendix 7. Upload signed Appendix 7 to your dashboard OR email completed Appendix 7 to: SABC. AdminUnit@gov.bc.ca.
5. Submit additional documents, as required, see below.

ADDITIONAL DOCUMENTATION INSTRUCTIONS

1. If you are changing your program information or study dates, please confirm with your school if an Appendix 3 is required, if so, please upload Appendix 3 with Appendix 7.
2. If you are changing your school, please confirm with your new school if an Appendix 3 or an Appendix 5 is required. If an Appendix 3 is required, please upload it with Appendix 7.
3. If you are changing your status from independent to dependant, an Appendix 1 is also required. Ensure you complete question 38a on Appendix 7.
4. If you are reporting a change to your declared income, upload a copy of your revised Income Tax Notice of Assessment.

DEADLINE

Your Appendix 7 – Request for Reassessment must be received by StudentAid BC at least six weeks before study period end date as funds cannot be issued after classes end.

All information is subject to verification.

Appendix 7

REQUEST FOR REASSESSMENT

What is your original 2019/2020 application number?

2	0	1	9								
---	---	---	---	--	--	--	--	--	--	--	--

(Questions must be answered in ink)

Only answer questions (in ink) where the information is now different from your original full-time application and provide an explanation of the changes on Page 2.

Ensure you sign and date the Declaration on Page 8.

(1) LAST NAME *NOTE: Your last name MUST match the name on your Social Insurance Number card/letter*

(2) FIRST NAME *NOTE: Your first name MUST match the name on your Social Insurance Number card/letter*

(3) MIDDLE NAME _____

(5) GENDER MALE FEMALE

(6) MAILING ADDRESS

Apt./suite Street Number and Street Name/PO Box

(7) _____

Use this line for any part of your address not indicated above

(8) CITY/TOWN _____

(9) COUNTRY _____

(10) PROVINCE/STATE _____ (11) POSTAL/ZIP CODE _____

(12) AREA CODE TELEPHONE NUMBER
 () -

(13) E-MAIL ADDRESS: Notifications will be sent to this address _____

SOCIAL INSURANCE NUMBER										

(4) DATE OF BIRTH

YEAR				MONTH		DAY	

PERSONAL INFORMATION *continued*

- (31) Have you ever declared bankruptcy that included student financial assistance? YES NO
- (32) Will you have a full-time job during your study period? YES NO
- (33) Will you have been out of high school for more than 48 months (4 years) when classes start? YES NO
- (34) What is your marital status? A. SINGLE B. SINGLE PARENT C. MARRIED
 D. COMMON-LAW E. SEPARATED/DIVORCED/WIDOWED
- (35) In the time since you left high school to your first day of classes, have you spent two periods of 12 continuous months each, in the full-time labour force? YES NO
- (36) Are you, or were you at the time of your 19th birthday, a youth in continuing care or custody of a director of child welfare in B.C. (ward of the court – this means the provincial government is/was your legal guardian)? YES NO
- (37) My parents are deceased and I do not have a legal guardian. YES NO
- (38) Did you answer 'YES' to any of questions 33, 35, 36 or 37 or are married, common-law, a single parent, separated, divorced or widowed? If YES, please answer the following:
 Are you a resident of B.C.? YES NO
- (38a) Did you answer 'NO' to ALL of questions 33, 35, 36 and 37? If YES, please answer the following:
 Is your parent(s)/step-parent/sponsor/legal guardian a resident of B.C.? YES NO
- (39) What is your citizenship status? CANADIAN CITIZEN PERMANENT RESIDENT
- (40) Do you identify yourself as an Indigenous person; that is, First Nations, Métis or Inuit? YES NO
- (41) If you identify yourself as an Indigenous person, are you: (select all that apply) First Nations Métis Inuit
- (42) Date you graduated from or left secondary (high) school.

YEAR			MONTH	
- (43) How many months of full-time post-secondary studies have you taken to date in B.C., Canada and outside of Canada? Include co-op work terms.

MONTHS	

Appendix 7 MUST BE SIGNED or it cannot be processed

RELEASE OF INFORMATION

If you are unable to contact us to check your application status, you may consent to the disclosure of any piece of your personal information related to your application status to another person designated by you by completing this section. Please ensure you have the designated person's authorization to enter their information below. Do not use a school staff member.

(64) LAST NAME _____

(65) FIRST NAME _____

(66) RELATIONSHIP TO YOU (mark one box only) A Parent/Step-Parent/Sponsor/ Legal Guardian B Spouse/Common-Law, Partner C Other Relative D Other

STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE

This Appendix forms part of the student's Application for student financial assistance. As such, the Student Declaration and Canada Revenue Agency Consent previously signed by the student have full legal force and effect in respect of this Appendix.

	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	(76) DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR	MONTH	DAY
			<input type="text"/>	<input type="text"/>	<input type="text"/>

Collection and use of information. The information included in this form and authorized above is collected under ss. 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.

UPLOAD COMPLETED AND SIGNED APPENDIX 7 TO YOUR DASHBOARD ACCOUNT.