Spouse/Partner Information
Applicants who are Married or Common Law 2009/2010 — Schedule 2

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* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The collection, use and disclosure of your personal information is done under the authority of the *Freedom of Information and Protection of Privacy Act* (Alberta) and is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection of this information, call the Student Funding Contact Centre: in Edmonton 780-427-3722, or toll free in Canada 1-800-222-6485.

Applicant's Last Name | Initials | Social Insurance Number

Spouse/Partner Information and Declaration: *(to be completed by applicant's spouse/partner)*

Spouse/Partner Information

Spouse/Partner Social Insurance Number *(in ink)* | Spouse/Partner Last Name | Spouse/Partner First Name

Spouse/Partner Birthdate (day / month / year)

Date spouse/partner completed/last attended regular High School *(excludes upgrading)* (month / year)

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 2008 Income Tax Return) **(mandatory) (see Quick Tips p.9 #5)** $

Spouse/Partner Employment Status

- ☐ Employed
- ☐ Unemployed with income (WCB, EI, etc.)
- ☐ Income Support (formerly welfare)/AISH
- ☐ Indian and Northern Affairs/Band
- ☐ Unemployed due to medical condition
- ☐ Unemployed no income

Spouse/Partner Gross Monthly Income	$
Spouse/Partner Net Monthly Income (this amount must equal the Spousal/Partner Net Income entered on Page 3)	$
Date income starts	month / year
If your income will end during your spouse's/partner's study period, indicate date	month / year

Keep your doctor's letter as this will be audited

Spouse/Partner School Status

Will you be a full-time student at any time during your spouse's/partner's study period? ☐ Yes ☐ No

If yes, Date you start school (day / month / year) Date you end school (day / month / year)

If both you and your spouse/partner are attending full-time studies, you should **both** complete a separate application form.

Spousal/Partner Declaration and Consent:

- I declare that the information given on this schedule is true and complete.
- I consent to the disclosure and exchange of my personal information by and between Alberta Advanced Education and Technology and any other federal, provincial, municipal government department or agency, or educational institution, to verify any information I have provided to Alberta Advanced Education and Technology, and to administer student financial assistance programs.
- I consent to the disclosure and exchange of my personal information by and between Alberta Advanced Education and Technology and any landlord, lending institution, credit bureau, or employer, to verify any information I have provided to Alberta Advanced Education and Technology, and to administer student financial assistance programs.
- I consent to the disclosure and exchange of my personal information by and between Alberta Advanced Education and Technology and the federal government for use in research, statistical analysis, or evaluations related to student financial assistance programs.
- I consent to the disclosure and exchange of my personal information between Alberta Advanced Education and Technology and Alberta Employment and Immigration to operate and administer provincial and federal student financial assistance programs, including my eligibility, and the eligibility of my spouse/partner, for financial assistance.
- I confirm that the foregoing consents apply to the information that I have provided in this Schedule, and to any additional information that I may subsequently provide to Alberta Advanced Education and Technology in respect of this Application.

This declaration and consent is valid for the year prior to the year of signature, the year of signature, and any other subsequent year for which assistance is requested by my spouse/partner.

Signature of Spouse/Partner *(sign in ink)* ✗ | **Today's Date** *(in ink)* day / month / year

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by Canada Revenue Agency to an official of Alberta Advanced Education and Technology, 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 will be relevant to and used solely for the purpose of determining and verifying my spouse's/partner's eligibility, entitlement for and the general administration and enforcement of the student financial assistance programs under the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act*, the *Students Finance Act* (Alberta), the *Student Loan Act* (Alberta) and the *Student Financial Assistance Act* (Alberta). 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 by my spouse/partner.

Signature of Spouse/Partner *(sign in ink)* ✗ | **Today's Date** *(in ink)* day / month / year