

**Spouse's/Common Law Partner's Declaration, Consent and Signature (Full-Time) Canada- Newfoundland and Labrador Integrated Student Financial Assistance Program**

<b>Student's Personal Information</b>		
Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN) XXX-XXX-

<b>Spouse's/Common Law Partner's Information</b>		
Spouse's/Common Law Partner's First Name	Spouse's/Common Law Partner's Last Name	Spouse's/Common Law Partner's Social Insurance Number (SIN)
Spouse's/Common Law Partner's Line 15000 of the 2024 Income Tax Return	Spouse's/Common Law Partner's Expected 2025 Gross Income If Less Than 2024*	Spouse's/Common Law Partner's Pre-study Period Income**:

**\*Note:** If the expected 2025 Gross Income is less than the income as reported on the 2024 Income Tax Return(s), this amount will be included in the assessment of the application and will be subject to audit. Understated income discovered during the audit process may result in all or a portion of awarded student financial assistance under this application to be considered issued in error, deemed an over award, and subject to recovery.

**\*\***The Pre-Study Period is the time between the end of the last period of full-time study (post-secondary or high school) and the first day of full-time study for the current academic year, for a minimum of four weeks to a maximum of 17 weeks.

<b>Spouse's/Common Law Partner's Study Period Income Breakdown</b>	
Employment Income Gross Weekly _____	Canada Pension/DVA Allowance Gross Monthly _____
Employment Insurance Benefits Gross Weekly _____	Income Support – Children, Seniors & Social Development Gross Monthly _____
Investment/Assets - Please Specify _____ Total _____	
Other Income - Please Specify _____ Total _____	

**Spouse's/Common Law Partner's Declaration, Consent and Signature**

Your spouse/common law partner has filed for financial assistance to StudentAidNL. Complete and sign this form. By signing, you are confirming both the financial and personal information submitted and are providing the declaration and consents indicated.

**I declare:**

- I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

**I consent to:**

- The disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education and Early Childhood Development) and the Government of Canada (Department of Employment and Social Development Canada) for use and research, statistical analysis and evaluation related to student financial assistance programs.
- The disclosure of my personal information by and between the Student Financial Services Division of the Department of Education and Early Childhood Development, and the Income Support Division of the Department of Children, Seniors & Social Development (Government of Newfoundland and Labrador) to verify the amount of monthly income support I or my family unit receives for the purpose of determining my spouse's eligibility for provincial and federal student financial assistance and provincial income support.

**Canada Revenue Agency (CRA) Signature Authorization****I consent to:**

- The release, by the Canada Revenue Agency to the Student Financial Services Division, Department of Education and Early Childhood Development, of information that identifies me and income and expense information about me from CRA tax records. The information will be relevant to, and used solely for the purposes of determining and verifying my spouse's eligibility for and entitlement to Student Financial Assistance Programs under the **Canada Student Loans Act, Canada Student Financial Assistance Act, and the Student Financial Assistance Act 2019** (Newfoundland and Labrador) and for the collection of overpayments received under these programs for which they were not eligible and to which they were not entitled. This information will not be disclosed to any other person or organization without my prior approval. This authorization is valid for the taxation year prior to the year of signature of this consent and the year of signature. In this consent "the year prior to" is considered the year prior to the Student Financial Services Division's application year August 1 to July 31.

Spouse's/Common Law Partner's Signature	Email Address
	Date

**Collection and Use of Information:**

This personal information is collected under the authority of the **Canada Student Loans Act, Canada Student Financial Assistance Act, and the Student Financial Assistance Act 2019** (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. For any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.