

Appendix 9 REQUEST FOR REASSESSMENT

FOR CANADA STUDENT GRANT ELIGIBILITY





ELIGIBILITY

To be eligible for this reassessment, you must be a full-time student and have graduated, or would have graduated, from secondary (high) school at least 10 years ago.

If you applied for StudentAid BC funding and were assessed as ineligible for the Canada Student Grant for Full-Time Students (CSG-FT) based on your **previous year's total family income**, and either you and/or your spouse/common-law partner have had, or anticipate having, a significant decrease in income for the current year, you may request a reassessment.

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

INSTRUCTIONS

1. Complete Section 1 & Section 2 (if applicable)

2. Upload signed Appendix 9 to your student dashboard account

HOW TO CALCULATE INCOME

Your **Total Current Year Income** is your income for the calendar year in which you submitted your student financial assistance application. Add your actual income from the beginning of the calendar year up to the date of your application and your estimated income for the remainder of that calendar year to calculate your **Total Current Year Income**.

Income includes employment, pension investment, rental, RRSP, foster parent, net professional income, workers' compensation, employment insurance and disability assistance from all sources inside and outside of Canada (convert foreign currency into Canadian dollars).

For example:

If you submitted your application on November 15, 2019, add your **actual income** for January 1, 2019 to November 15, 2019 to your estimated income for November 16 to December 31, 2019 to calculate your **Total Current Year Income**.

SUBMISSION INSTRUCTIONS

Upload your completed Appendix 9 to your dashboard.

ALL INFORMATION IS SUBJECT TO VERIFICATION

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Canada



BRITISH COLUMBIA StudentAidBC

Complete and upload to your StudentAid BC dashb	ooard
SECTION 1: STUDENT INFORMATION	
LAST NAME	FIRST NAME MIDDLE INITIAL APPLICATION NUMBER 1 2 0 1 9 1
	Total Current Year Income: \$.00
SECTION 2: SPOUSE/COMMON LAW PARTNER INFORMATION (if applicable)	
LAST NAME	FIRST NAME MIDDLE INITIAL
Total Current Year Income: 00 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 to this Appendix.	
SIGNATURE OF STUDENT (IN INK)	PRINT NAME DATE SIGNED
SIGNATURE	PRINT HERE YEAR MONTH DAY
	
SIGNATURE OF SPOUSE/COMMON-LAW PARTNER (if applicable)	PRINT NAME DATE SIGNED PRINT HERE YEAR MONTH DAY
Collection and use of information. The information included in this appendix and authorized above is collected and managed in accordance with sections 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, BC Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 toll-free in Canada/U.S. or (250)-387-6100 from outside North America.	

ALL INFORMATION IS SUBJECT TO VERIFICATION