

Full-Time Learner (Learner Income Support) Declaration

Section 1: Name of Applicant

Brent	Alan	Wanless
First	Middle	Last
Nov-04-1955		
Date of Birth		

Section 2: Declaration and Acknowledgement – To be signed by Applicant

- The information on this application and applicable schedules is true and complete and describes the financial and household situation for:
 - me
 - my spouse/partner
 - my dependents.
- I will complete and submit a Change in Circumstances form to the Government of Alberta (GoA), Learner Income Support Office **as soon as possible** if:
 - my address and housing type change
 - I or anyone in my family household change marital, financial or academic status or study period
 - I have any change in my enrollment status at training
 - there are any changes in our household assets (items owned)
 - there are any changes in my household situation.
- I understand that the GoA and/or a contracted service provider may get information about my financial, work, educational, medical and/or family/household situation to:
 - determine my eligibility for Learner Income Support, or conduct a review or investigation relating to eligibility or continuing eligibility for these program benefits, or enable service management to support and ensure continuing eligibility for the program applied for, or administer GoA programs.

I request any person, agency, organization, institution or other source to give the required information to the GoA and/or contracted service provider.
- I understand the GoA has the right to recover benefits I receive to which I am not entitled. This includes those issued due to administrative error.
- I understand I have the right to appeal a decision within 30 days of being informed of the decision.
- I understand the GoA may share information with other Alberta Works programs or GoA contracted service providers or my training provider.
- I understand the GoA may conduct verification reviews or investigations relating to financial eligibility for this program. I acknowledge that I must provide information or documents as required by the GoA to verify any statement made in this application. I understand that I may be denied financial assistance for training if I do not comply with a request from the GoA to provide information or documents so that information in this application may be verified.
- I understand that giving false or incomplete information or not advising of changes in my situation may result in any or all of the following: termination, or suspension of benefits, repayment of benefits received, and/or the laying of a charge under the *Income and Employment Supports Act* or the *Criminal code of Canada*.
- I understand that my spouse/ partner must agree to and follow through if an assessment of employability is required by the GoA.
- I understand that I must sign the Canada Revenue Agency consent below to be eligible for benefits.

11. I understand if I am funded as a Non-EI Learner that:

- a. the GoA has the right to apply for child/adult support for me and/or my dependent children and may retain any of the support owing to the government.
- b. I must notify and/or receive consent from Child Support Services, the GoA when taking my own action.
- c. when required I must help the GoA to pursue support for me and my dependent children.

Spouse/partner Name <i>if applicable</i> (Please Print)	Spouse/Partner signature <i>if applicable</i> (Sign in Ink)	Today's Date
X		

12. In addition to all the above, I understand that I must comply with all of the income support conditions including:

- a. attending all my regularly scheduled classes
- b. passing all my courses required to maintain full-time status
- c. maintaining full-time enrollment status with my training provider

13. I understand that, if my application is received after my training has started any benefits I am eligible to receive will be effective starting the month the application was received. Applications received after training has ended are not eligible for funding.

14. I understand that while I am registered and attending an employment and training program funded by the GoA, I am deemed to be a worker of the GoA for the sole purpose of receiving workers' compensation benefits under the *Workers' Compensation Act*, if injured in an accident, I am entitled to claim workers' compensation benefits and have resigned my right to take legal action against the GoA, any other employer or worker covered by the *Workers Compensation Act*. I further understand that I am not deemed to be a worker of the GoA while I am engaged in homework, study or e-learning (including distance learning, correspondence learning or synchronous e-learning) outside of the training provider's institution.

Please check schedules accompanying this application:

☐ Declaration of 18 and 19 Year Old Dependent

☐ Direct Deposit Registration

Applicant Name (Please Print)	Applicant Signature (Sign in Ink)	Today's Date
X		

Section 3: Canada Revenue Agency Authorization – To be signed by Applicant & Spouse partner

I consent to the release, by Canada Revenue Agency to an official of the Government of Alberta, of information from my income tax returns and other taxpayer information about me whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining, verifying and/or auditing my/our eligibility and for the general administration and enforcement of programs under the *Income and Employment Supports Act*. This consent is valid for the taxation period year prior to the year of signature, the current taxation year and for each subsequent taxation year for which assistance is requested.

Applicant Signature (Sign in Ink)	Social Insurance Number (SIN)	Today's Date
X		
Spouse/Partner signature <i>if applicable</i> (Sign in Ink)	Social Insurance Number (SIN)	Today's Date
X		