

# **2021/2022 StudentAid BC Internet Application Spouse/Common-Law Partner CRA Consent and SABC Declaration Instructions**

1. Print and sign (in ink) the Spouse/Common-law Partner CRA Consent and SABC Declaration Page.
2. Ensure the "Submit Code and "Office Use Only" coding is clear on the copy you are mailing to StudentAid BC. Delays in processing will occur if the "Submit Code" and/or "Office Use Only" information is missing on the copy you submit to StudentAid BC.
3. Mail the signed Spouse/Common-law Partner CRA Consent and SABC Declaration Page to:

StudentAid BC

PO BOX 9173 STN PROV GOVT

VICTORIA BC V8W 9H7

The CRA Consent and SABC Declaration Page must be submitted by mail with original ink signatures. If your circumstances require an exception to this submission process, please contact our office.

Print your name and return address on the envelope. Ensure you are attaching sufficient postage. Do NOT mail this Instructions Page.



# 2021/2022 StudentAid BC Internet Application Spouse/Common-Law Partner CRA Consent and SABC Declaration Page

Submit Code: **21263100**

Office Use Only: **2021-558021 2021102121 2631**

**StudentAid BC DECLARATION** - must be signed and dated for this appendix to be complete

**I. I understand that:**

1. The student will have access to information provided in this appendix;
2. The student's school will have access to information provided in this appendix;
3. The information in this appendix is subject to audit, verification and investigation, as defined in the current program year's StudentAid BC Policy Manual.

**II. I understand that signing the Declaration means:**

1. I declare that the information I have given is correct and complete and that I have not altered or added to any of the preprinted application and/or appendix questions;
2. I authorize the student to notify StudentAid BC as soon as practical of any change in my total income as reported on line 15000 of my previous year's T1 General Income Tax and Benefit Return and/or other "assessed resources," as defined in the current program year's StudentAid BC Policy Manual;
3. For the purposes of verifying the accuracy of the personal information provided by me in this appendix, **I consent to the collection, use and disclosure of my personal information** between the BC Ministry of Advanced Education and Skills Training, the BC Ministry of Finance, the National Student Loans Service Centre, and any of their contractors, subcontractors or agents, each with each other, and with the following: financial institutions, lenders, educational institutions, financial aid offices, employers, credit bureaus, credit reporting agencies, Aboriginal Organizations, Federal and provincial Crown corporations, and federal, provincial, municipal ministries/departments/agencies, including but not limited to: BC Ministry of Social Development and Poverty Reduction, BC Ministry of Children and Family Development, BC Ministry of Health, BC Ministry of Attorney General, BC Ministry of Education, BC Public Service Agency, RoadSafe BC, Insurance Corporation of BC (and Service BC acting in the role of ICBC), BC Assessment Authority, Land Title and Survey Authority of BC, BC Registry Services, WorkSafe BC, BC Vital Statistics Agency, the Office of the Superintendent of Bankruptcy Canada, Employment and Social Development Canada, Canada Revenue Agency, and Immigration, Refugees and Citizenship Canada. This consent takes effect on the date that I make the first submission of this Appendix to StudentAid BC, regardless of whether this Appendix is in electronic or written format.

**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 and Skills Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 toll-free in Canada/U.S. or 1-778-309-4621 from outside North America

**I Agree to the terms and conditions of the StudentAid BC Declaration form.**



**Canada Revenue Agency Consent Form**

I hereby consent to the release, by the Canada Revenue Agency to the Ministry of Advanced Education and Skills Training, of information from any portion of my income tax records that pertains to information given by me on any Student Aid BC application. The information will be used solely for the purpose of determining and verifying my eligibility for student aid under the Canada Student Financial Assistance Act, and will not be disclosed to any other person or organization without my approval. This authorization is valid for the two taxation years prior to the year of signature of this consent, and the year of signature.

**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 and Skills Training, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or 1-778-309-4621 from outside North America.

**I Agree to the terms and conditions of the Canada Revenue Agency (CRA) consent form.**



Last Name: DHILLON

First Name: RANJOT

Middle Name:

Gender: Female

Date of Birth: Oct 13, 1994

Address (Line 1): 7861 163A STREET

Address (Line 2):

City / Town: SURREY

Province / State: BC

Postal / ZIP Code: V4N 0K6

Country: CAN

Telephone Number: 2368665301

E-Mail Address: RANJOTKAUR@OUTLOOK.COM

**SIGNATURE OF SPOUSE/PARTNER (in Ink)**

**X**

**<== Sign here**

**Date Signed: October 21, 2021**

Submit Code: **21263100**

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