

APPLICANT DECLARATION
Post-Secondary Student Support Program,
Nunatsiavut Government, Canada

I, _____, of _____, in the Province of _____, Canada, do solemnly declare that:

1. I am eligible to receive assistance under the Nunatsiavut Government Post-Secondary Student Support Program administered by the Nunatsiavut Government, Department of Education and Economic Development.

Dependents

2. I have requested the Nunatsiavut Government to pay me an additional living allowance under the Post-Secondary Student Support Program for the support of Dependents, whose names, places of residence, dates of birth, citizenship and country of residence are as follows:

Name	Place of Residence	D.O.B.	Citizenship	Country of Residence
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Name	Place of Residence	D.O.B.	Citizenship	Country of Residence
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Name	Place of Residence	D.O.B.	Citizenship	Country of Residence
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Name	Place of Residence	D.O.B.	Citizenship	Country of Residence
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(hereafter, the children).

3. Check (a) or (b) or both (a) and (b) as appropriate:

(a) The children are dependent on me because they are under the age of 18 years.

(b) The children referred to in paragraph 2 who are over the age of 18 years are dependent on me by virtue of the following circumstances:

Agreements

- 4. I agree that if I am granted an additional allowance for the support of the children;
 - (a) I will forthwith advise the Nunatsiavut Government of any change in the financial dependence of the children;
 - (b) I will provide such further evidence as to the dependency of the children as the Nunatsiavut Government may reasonably require.

Definitions

- 5. In this my Declaration, Dependent means any natural child, step child or legally adopted child of the student or other child of whom the student is guardian:
 - (a) who is under the age of 18 years old, is financially dependent on the student and who does not receive income in excess of the level of income allowed for a dependent by Revenue Canada's Income Tax regulations; or
 - (b) who is over the age of 18 years, resides with the student, is attending high school as a full time student, is financially dependent on the student and who does to receive income in excess of the level of income allowed for a dependent by Revenue Canada's Income Tax regulations; or
 - (c) who is wholly dependent on the student for reasons of mental or physical disability and who resides with the student and does not receive income in excess of the level of income allowed for a dependent by Revenue Canada's Income Tax regulations.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. I further understand that providing false Information in this Declaration may result in a denial of future education assistance and living allowance from the Nunatsiavut Government and that I may be required to repay any education assistance or living allowance paid to me as a result of my having provided incorrect information.

DECLARED at _____
Community

in the Province of _____
Province

this _____ day of _____
Day Month

A.D. _____, before me:
Year

Notary Public, Commissioner for Oaths,
Justice of the Peace, Magistrate, etc.

Applicant

Beneficiary Number