



NEEDS ASSESSED LOAN APPLICATION

! IMPORTANT

The NAL is granted on the basis of your financial need. Please fill out all the NAL application fully and accurately. Please fill out this application COMPLETELY.

Incomplete application forms can delay the processing of your application.

Please print clearly

A - PERSONAL INFORMATION - STUDENT

Last Name																	
Given Names																	
Health Card Number	Social Insurance Number																
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Telephone ()	Fax ()																
Email Address																	

B - PERSONAL INFORMATION - SPOUSE

Spouse means your husband/wife/common-law spouse.																										
Last Name																										
Given Names																										
Health Card Number	Social Insurance Number	Date of Birth (YY-MM-DD)																								
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Is your spouse receiving, or will he/she be receiving, any of the following benefits while you are in school: <input type="checkbox"/> Student Financial Assistance <input type="checkbox"/> Income Support <input type="checkbox"/> Employment Insurance																										
Is your spouse working, or will your spouse be working, while you are in school: <input type="checkbox"/> Yes <input type="checkbox"/> No																										

C - SCHOOL YEAR

Your Needs Assessed Loan is based on your school year. This period cannot be more than 12 months. Please indicate below when your school year begins and ends.																	
From (YY-MM-DD)	To (YY-MM-DD)																
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D - STATEMENT OF INCOME AND EXPENSES

Please list all the income that you and your spouse expect to receive during the school year.
If you are not sure, please estimate as accurately as you can.

INCOME OF STUDENT AND SPOUSE

		YOU	YOUR SPOUSE	FANS USE
1	EMPLOYMENT EARNING FOR 16 WEEKS PRIOR TO SCHOOL (IF A STUDENT USE TOTAL SUMMER WORK EARNINGS)	\$	\$	\$
2	EMPLOYMENT EARNINGS DURING SCHOOL	\$	\$	\$
3	FANS BENEFITS	\$	\$	\$
4	TRAINING AND EDUCATIONAL ALLOWANCES	\$	\$	\$
5	EDUCATIONAL LEAVE ALLOWANCES	\$	\$	\$
6	EMPLOYMENT INSURANCE	\$	\$	\$
7	INCOME SUPPORT	\$	\$	\$
8	CHILD SUPPORT/ALIMONY	\$	\$	\$
9	DAY CARE SUBSIDY	\$	\$	\$
10	SEVERANCE/LAYOFF PAYOUT	\$	\$	\$
11	WORKERS COMPENSATION BENEFITS	\$	\$	\$
12	PROFITS FROM INVESTMENTS	\$	\$	\$
13	MILLENNIUM BURSARY	\$	\$	\$
14	OTHER BURSARIES	\$	\$	\$
15	OTHER INCOME (EXPLAIN) Don't include National Child Benefits	\$	\$	\$
16	OTHER INCOME (EXPLAIN)	\$	\$	\$
TOTAL ESTIMATED INCOME				

FOR FANS USE

EXPENSES FOR STUDENT, SPOUSE AND DEPENDANTS

Please list the expenses that you expect for the school year. These expenses are for you, your spouse, and your dependants. Dependants are those individuals who are financially dependent on you. Please estimate expenses for any that you don't know the exact amounts. Needs Assessed Loans are subject to audit. PLEASE RETAIN ALL YOUR RECEIPTS AS THEY WILL BE REQUIRED FOR VERIFICATION.

			FANS USE
1	TUITION	\$	
2	MANDITORY STUDENT FEES	\$	
3	REQUIRED BOOKS AND SUPPLIES	\$	
4	FOOD	\$	
5	RENT (ONLY INCLUDE YOUR SHARE IF YOU HAVE A ROOMATE)	\$	
6	UTILITIES (ONLY INCLUDE YOUR SHARE IF YOU HAVE A ROOMATE)	\$	
7	TRAVEL COSTS NOT COVERED BY FANS	\$	
8	LOCAL TRANSPORTATION	\$	
9	DAYCARE/CHILDCARE EXPENSES	\$	
10	MEDICAL EXPENSES NOT COVERED BY INSURANCE OR GOVERNMENT	\$	
11	OTHER EXPENSES, PLEASE EXPLAIN	\$	
12	OTHER EXPENSES, PLEASE EXPLAIN	\$	
13	OTHER EXPENSES, PLEASE EXPLAIN	\$	
TOTAL ESTIMATED EXPENSES			

FOR FANS USE

Your name: _____

E - STATUTORY DECLARATION

THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

I have read and understand the Declaration and consent below and hereby consent to the following:

1. I authorize the Department of Family Services to request information regarding my personal income from any agency necessary to confirm information given on this application. I also authorize and nominate the Supervisor of Student Financial Assistance, Nunavut Department of Family Services, to act as my agent and obtain a copy of my income tax return from the Canada Customs and Revenue Agency that specifically pertains to information given by me on this application.
2. I authorize the Department of Family Services to request information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
3. I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid and possible legal action.
4. I will notify the Financial Assistance for Nunavut Student office immediately if there is any change in my status, the status of my spouse, or in the number of dependents I am supporting.
5. I understand the conditions for repaying the Needs Assessed Loan and agree to abide by them.
6. I consent to and authorize the release of the personal information listed in my Financial Assistance for Nunavut Students (FANS) applications to banks and other financial institutions, government and non-government agencies, and educational institutions to ensure my eligibility for FANS and for the effective and efficient general administration and enforcement of the FANS program.
7. I understand that funds received from the FANS program are considered taxable benefits by the CRA. I will receive a T4A each spring that will show the full amount of tuition, books, living allowance, travel costs and other fees provided to me or for me and my dependents. Income tax is not deducted from any payments I receive.

I declare that all information in this application is correct to the best of my knowledge.

Student's signature

Date (YYYY-MM-DD)

Student's printed name

TO BE COMPLETED BY SPOUSE:

As the spouse of the student, I consent to the release of my personal information of the type listed in above for the purposes stated:

Spouse's signature

Date (YYYY-MM-DD)

Spouse's printed name

F - FANS USE ONLY

Maximum Allowed NAL: _____ X \$165 = \$ _____
weeks

Required Need: _____ - _____ = _____
Determined Expenses Determined Income Determined Need

AWARDED NEED: \$ _____

Assessed By: _____ Date: _____ Approved By: _____ Date: _____