

Section 5 Additional Household Information

46 Are you or your spouse/partner or your household currently receiving Income Support as Expected to Work (ETW) or Not Expected to Work (NETW) from AEI ? (See "Completion Instructions") Yes No
 This does not include Income Support - On Reserve and Assured Income for the Severely Handicapped (AISH).

46.1 Are you currently receiving AISH? Yes No
 Is your spouse/partner currently receiving AISH? Yes No

46.3 Do you and/or your spouse/partner want to stop receiving AISH? Yes No
Contact your AISH worker before answering this question and see Completion Instructions.

47 Total Income from Line 150 of your 2008 Income Tax Return: \$

47.1 Total Income from Line 150 of your spouse/partner's 2008 Income Tax Return: \$

On/Off Reserve Status

48 Have you ever lived on a reserve? Yes No → Go to Line 49.

48.1 Are you living on a reserve and attending school on a reserve? Yes No

48.2 Are you living on a reserve and attending school off a reserve? Yes No

48.3 Are you leaving the reserve for the primary purpose of accessing this education or training? Yes No

49 Do you have an Indian Registration Number? Yes No

Band Code	Family	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

49.1 Does your spouse/partner have an Indian Registration Number? Yes No

Band Code	Family	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>


Mandatory signatures required in Lines 80 - 81, Page 6 

Section 6 Financial Requirements While in School

While attending school/training you will live (see "Completion Instructions"):

50 (P) with parents/relatives

(O) in private housing

(S) in social housing (subsidized) ➤ Do you pay your own power/electricity? Yes ➤  complete **Additional Continuous Benefits** form
 No

Do you have additional costs for: child care   complete **Child Care Expenses** form

medical, transportation and/or accommodation   complete **Additional Continuous Benefits** form

Monthly Financial Resources (Actual resources expected while in school/training) Self Spouse/Partner

Wages/Salary (net pay, employment only) (see "Completion Instructions" for definition of net pay)	5		
Child Support	4		
Spousal/Partner Support (adult support)	54.1		
Self Employment Income (see "Completion Instructions")	55		
Employment Insurance (EI Benefits)	56		
Parental Contribution	58		
Gross Rental Property Income	59		
Gross Room and Board Income	60		
Aboriginal Funds (Band or AHRDA Funds, etc.) (Specify Band - supplying funding) Band Code 61 <input type="text"/> <input type="text"/> <input type="text"/>	61.1		
Other Income (orphan's benefits, pension, WCB, interest etc.) Do not include Canada Child Tax Benefit or GST Credit. List: <input type="text"/>	62		

Household Assets Self Spouse/Partner

Scholarship/bursary expected during training	63		
Registered Retirement Savings Plans (RRSPs)	64		

Household

Savings you will have when you start school (cash, money in bank, Tax Free Savings Account, or uncashed cheques)	71	
Assets (term deposits, bonds, stocks, GICs, property or land other than the home you live in etc.) List: <input type="text"/>	72	
Are you or your spouse/partner waiting for funds from another source (WCB, insurance, CPP, etc.)? (See "Completion Instructions")	74	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important - Read Carefully and Sign in Ink

Section 7 Declaration and Acknowledgement

- 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 dependants.
- I will complete and submit a **Change in Circumstances Non-EI** form to Alberta Employment and Immigration (AEI), Learner Income Support Centre **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 that we own)
 - there are any changes in my household situation.
- I understand AEI 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 AEI may share relevant information with other Alberta Works programs or AEI contracted services.
- I understand that AEI 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 Income Support for the Learner Non-Employment Insurance (EI) program, 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 AEI programs.

I request any person, agency, institution or other source to give the required information to AEI and/or contracted service provider.
- I understand AEI 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 AEI to verify any statement made in this application. I understand that I may be denied financial assistance for training in the future if I do not comply with a request from AEI to provide information or documents. Also the information in this application may be verified.
- I understand that giving 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 AEI.
- I understand that I must sign the Canada Revenue Agency consent below to be eligible for benefits.

81	Spouse/Partner Signature (sign in ink)	Today's Date (in ink)
	X	day month year

- In addition to all the above, I, the applicant understand that I must comply with all of the income support conditions including:
 - attending all my regularly scheduled classes
 - passing all my courses required to maintain full-time status
 - maintaining full-time enrollment status with my training provider.
- I understand that my tuition fees, mandatory fees, and student association fees will be paid directly to the training provider.
- I understand that while I am registered and attending an employment and training program funded by AEI, I am deemed to be a worker of the Government of Alberta (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 AEI, the GOA, any other employer or worker covered by the *Workers' Compensation Act*.

Please check forms accompanying this application:

- | | |
|---|--|
| <input type="checkbox"/> Child Care Expense | <input type="checkbox"/> Declaration of 18 and 19 Year Old Dependant |
| <input type="checkbox"/> Child Support Services | <input type="checkbox"/> Additional Continuous Benefits |

80	Applicant Signature (sign in ink)	Today's Date (in ink)
	X	day month year

Canada Revenue Agency Authorization

I consent to the release, by Canada Revenue Agency to an official of Alberta Employment and Immigration or Alberta Advanced Education and Technology as applicable, 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 year prior to the year of signature, the current taxation year and for each subsequent taxation year for which assistance is requested.

81	Spouse/Partner Signature (sign in ink)	Social Insurance Number (SIN)	Today's Date (in ink)
	X	- -	day month year
80	Applicant Signature (sign in ink)	Social Insurance Number (SIN)	Today's Date (in ink)
	X	- -	day month year

Take this application to your Training Provider and Authorized Official for completion of Sections 8 and 9

Section 9 Recommendation - Authorized Official

Recommended

90 Yes

I declare that the training recommended is:

- required by the applicant to obtain or maintain employment and
- a part of the most direct route to sustainable employment.

No

Reason(s):

Authorized Official Signature (in ink)

X

Today's Date (in ink)

day month year

Authorized Official's Stamp



(Complete any information not of the person who completed Section 8)

Printed Name of Authorized Official (in ink)

Title of Authorized Official

Area Code Telephone Number

Area Code Fax Number

If this training is contract-based please provide the contract number used in Mobius:

92 AEI Funding Authorization Code

or

Institutional Funding Authorization Code

or

Assessment Agency Recommendation Code

98 Mobius Service Plan (Attendee Training) Reference #

Staple any completed schedules to this page only

Notes to Support Processing