



Nunatsiavut Government – EDUCATION DIVISION

P.O. Box 116 Makkovik, NL AOP 1J0
Email: education@nunatsiavut.com
Website: www.Nunatsiavut.com

Telephone: (709) 923-2105
Toll Free: 1-877-923-2171
Fax: (709) 923-2347



APPLICANT DECLARATION
Education Division
Nunatsiavut Government - Canada

I, _____, of _____, in the Province of _____,
Student Name Home Community
_____, Canada, do solemnly declare that:
Province

1. I am eligible to receive assistance under the Nunatsiavut Government Education Division administered by the Nunatsiavut Government, Department of Education and Economic Development.

Definitions

In this Declaration:

1. **Dependent** means:

- a) A person who satisfies **all** the following criteria:
 - i) lives in a household maintained by the student;
 - ii) who is wholly financially dependent on support of the student; and
 - iii) whose net income¹ was:
 - (1) less than the student’s basic personal amount²; or
 - (2) if the Dependent qualifies under section 1b)i)(3) of this Declaration, less than the student’s basic personal amount plus \$2,273;
- b) and that person must be **one** of the following:
 - i) the student’s child, grandchild, brother, or sister, by blood, marriage, common-law partnership, or adoption, and who is:
 - (1) the age of 19 years or younger; or
 - (2) over the age of 19 years and is attending high school as a full time student; or
 - (3) over the age of 19 years and is wholly financial dependent on the student by reason of mental or physical disability;

but does not include a child placed in a foster home.

- ii) the student’s parent or grandparent by blood, marriage, common-law partnership, or adoption; or
 - iii) the student’s spouse or common-law partner.
2. **Common-law partner** means a person to whom the student is not married, with whom they are in a conjugal relationship, and with whom the student has been living with at the same address

¹ Net income is indicated on line 23600 of the Dependent’s federal tax return, or the amount that would be indicated if the Dependent had filed a return.

² Basic personal amount is indicated on line 3000 of the student’s federal tax return, or the amount that would be indicated if the student had filed a return.

for at least 12 continuous months. This includes any period the student and the common-law partner were separated for less than 90 days because of a breakdown in the relationship.

3. **Spouse** means a person to whom the student is legally married.

Dependents

4. I have requested the Nunatsiavut Government to pay me an additional living allowance under the Education Division for the support of Dependents, whose names, places of residence, dates of birth, citizenship and relationship to myself are as follows (hereafter, the “Dependents”).

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

Name	Place of Residence	D.O.B.	Citizenship	Relationship to student
------	--------------------	--------	-------------	-------------------------

5. The student’s child, grandchild, brother, or sister listed as Dependents in paragraph 4 are dependent on the student for the following reason (check either (a) or (b) as appropriate):

Name of dependent

(a) The Dependent is dependent on me because they are the age of 19 years or younger.

(b) The Dependent is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The Dependent is dependent on me because they are the age of 19 years or younger.

(b) The Dependent is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The Dependent is dependent on me because they are the age of 19 years or younger.

(b) The Dependent is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The Dependent is dependent on me because they are the age of 19 years or younger.

(b) The Dependent is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The child is dependent on me because they are the age of 19 years or younger.

(b) The child is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The child is dependent on me because they are the age of 19 years or younger.

(b) The child is over the age of 19 years are dependent on me by virtue of the following circumstances:

Name of dependent

(a) The child is dependent on me because they are the age of 19 years or younger.

(b) The child is over the age of 19 years are dependent on me by virtue of the following circumstances:

Agreements

6. I agree that if I am granted an additional allowance for the support of the Dependents;

(a) I will forthwith advise the Nunatsiavut Government of any change in the financial dependence of the Dependents;

(b) I will provide such further evidence as to the financial dependence of the Dependents as the Nunatsiavut Government may reasonably require.

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 Signature

Beneficiary Number

Date