

MANITOBA STUDENT AID
APPLICATION FOR INTEREST RELIEF



We are collecting the personal information on this form under the authority of the Freedom of Information and Protection of Privacy Act, as being directly related to and necessary for determining your eligibility for Interest Relief in accordance with the Student Loan Act and to administer the Interest Relief Program. If you have any questions about the collection of this information, you may contact a Repayment Counsellor at Manitoba Student Aid.

New Application Subsequent Application Number of Months Previous Interest Relief

SECTION 1 - TO BE COMPLETED BY APPLICANT

PERSONAL INFORMATION

ALL AREAS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED FOR CORRECTION. PLEASE PRINT.		Member Number	Social Insurance Number	Date of Birth Day Month Year		
Surname		Given Name				
Address				Telephone Number		
City				Prov.	Postal Code	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Single	<input type="checkbox"/> Other	Are you currently residing in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving Interest Relief for your Canada Student Loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. of persons in family (applicant, spouse & dependants) _____	
Is your spouse repaying Manitoba Student Loans?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, spouse's monthly payment \$ _____	

MANITOBA STUDENT LOANS (attach statements for loans held by Royal Bank and/or CIBC)

Name and Address of Lender	Outstanding Principal Balance	Monthly Payments
	\$	\$
	\$	\$
	\$	\$
Total of all monthly Manitoba Student Loan payments (including Manitoba Student Aid loan payments)		\$

FAMILY INCOME (attach proof of income, see Instructions and Information on reverse side)

Income for previous 3 months from all sources	Month: _____	Month: _____	Month: _____
Applicant's Gross Income	\$	\$	\$
Spouse's Gross Income	\$	\$	\$
Monetary Gifts and Income from Investments	\$	\$	\$
Other Income: _____	\$	\$	\$
Total Family Gross Income by Month	\$	\$	\$

DECLARATION AND SIGNATURES

- I declare that the information given on this application is true and complete and I understand it is subject to audit;
- I agree to provide any information or documents as requested by Manitoba Student Aid to verify any statements made in this application;
- I agree to start or resume payment of principal and interest on my Manitoba Student Loans upon expiry of an approved Interest Relief period;
- I understand that I must either pay or capitalize any outstanding interest prior to the Interest Relief period. Unless I advise you otherwise, you may capitalize a maximum of 3 months outstanding interest immediately preceding the approved period. You will notify me in writing of the amount capitalized and the outstanding balance of my Manitoba Student Loan.
- I understand that if I make a false or misleading statement or fail to disclose information as requested, I may be denied Interest Relief;

- I understand that failure to disclose information or provide updated information as requested by Manitoba Student Aid may constitute the making of a false or misleading statement;
- I consent to the disclosure and exchange of my personal information and documents by and between Manitoba Student Aid and (a) any consumer credit grantor, credit bureau or credit reporting agency, (b) any person or business with whom I have or may have had financial dealings, (c) any former or current employer(s), and (d) any federal, provincial and municipal government departments, agencies and Crown corporations, for the purpose of verifying the information provided in this application and determining my eligibility for Interest Relief;
- I consent to the disclosure and exchange of my personal information by and between Manitoba Student Aid and any lending institution where I may have a student loan for the purpose of determining my eligibility for Interest Relief in accordance with the Student Loan Act and to administer the Interest Relief program.

Applicant's Signature _____

Date _____

Spouse's Signature _____

Spouse's Name and Social Insurance Number _____

Date _____