



NWT Student Financial Assistance

APPLICATION TO REDUCE PAYMENTS

PURPOSE

The Reduced Payment Program is intended to help with the repayment of your student loans with the Government of Northwest Territories (GNWT) when you are temporarily unable to meet your monthly payment(s) because your household income is too low.

During periods when you are eligible, you will be permitted to make a monthly loan payment for an amount less than the one normally required.

ELIGIBILITY

You are eligible for the Reduced Payment Program if you meet all of the following conditions:

- You submit the completed Application to Reduce Payments along with any supporting documentation (ie. last two pay stubs) within 60 days of signing the Statement and Authorization;
- You are available for work when applying for and/or receiving payment reduction;
- You have consolidated your loan(s) and agreed to the terms of the loan repayment;
- Your monthly net household income does not exceed the allowable level (refer to the Monthly Net Household Income chart on the next page);
- You have not been granted more than a total of 36 months of reduced payments and/or interest relief; and
- Your loan has not been sent to the GNWT Department of Finance for collection action.

ADDITIONAL INFORMATION

- The Reduced Payment Program is granted for periods of 3 months, up to a maximum of 36 months.
- If your student loan(s) is currently in arrears, you can apply for retroactive reduced payments for the previous 3 months. You must indicate this on your application, otherwise reduced payments will begin on your next scheduled monthly payment date.
- You must reapply for this benefit every 3 months.
- You are responsible for making the full principal and interest payments on your student loan when you are not eligible for reduced payments.
- You are required to make a minimum payment equal to the interest portion of your loan even when you are eligible for reduced payments.
- For the purposes of this program, you are living common-law if you and your partner have been living together in a conjugal relationship for at least one year.
- Your partner must provide his or her gross monthly income and sign the Statement and Authorization.
- If you are a single applicant living with, and supported by someone, you must provide a letter from a third party confirming the support relationship and provide a monthly estimate (in dollars) of the support provided to you for food, rent, utilities, transportation, personal allowance, etc. by that third party.
- **Your loan repayment period is not extended when you are approved for the Reduced Payment Program. Therefore, you will be expected to bring your student loan(s) up to date when the reduced payment period expires.**

STUDENT FINANCIAL ASSISTANCE CONTACT INFORMATION

Student Financial Assistance- Loans
Education, Culture and Employment
Government of Northwest Territories
Box 1320
Yellowknife, NT X1A 2L9

Email: nwtsfa@gov.nt.ca
Website: www.nwtsfa.gov.nt.ca

Telephone: 1-800-661-0793
1-867-767-9355
Fax: 1-800-661-0893
1-867-873-0336

MONTHLY NET HOUSEHOLD INCOME

Minimum Monthly Student Loan Payment	Single Person	1 Dependant	2 Dependants	3 Dependants	4 Dependants	5 or More Dependants
\$15- \$25	\$1,750	\$2,250	\$2,750	\$3,250	\$3,750	\$4,250
\$26- \$50	\$1,800	\$2,300	\$2,800	\$3,300	\$3,800	\$4,300
\$51- \$75	\$1,850	\$2,350	\$2,850	\$3,350	\$3,850	\$4,350
\$76- \$100	\$1,900	\$2,400	\$2,900	\$3,400	\$3,900	\$4,400
\$101- \$125	\$1,950	\$2,450	\$2,950	\$3,450	\$3,950	\$4,450
\$126- \$150	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500
\$151- \$175	\$2,050	\$2,550	\$3,050	\$3,550	\$4,050	\$4,550
\$176- \$200	\$2,100	\$2,600	\$3,100	\$3,600	\$4,100	\$4,600
\$201- \$225	\$2,150	\$2,650	\$3,150	\$3,650	\$4,150	\$4,650
\$226- \$250	\$2,200	\$2,700	\$3,200	\$3,700	\$4,200	\$4,700
\$251- \$275	\$2,250	\$2,750	\$3,250	\$3,750	\$4,250	\$4,750
\$276- \$300	\$2,300	\$2,800	\$3,300	\$3,800	\$4,300	\$4,800
\$301- \$325	\$2,350	\$2,850	\$3,350	\$3,850	\$4,350	\$4,850
\$326- \$350	\$2,400	\$2,900	\$3,400	\$3,900	\$4,400	\$4,900
\$351- \$375	\$2,450	\$2,950	\$3,450	\$3,950	\$4,450	\$4,950
\$376- or More	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000

1. APPLICANT INFORMATION

Last Name		First Name		Middle Name(s)	
Mailing Address			City/Community		
Territory/Province		Postal Code		Phone Number	
Email Address (print clearly)			SIN		Date of Birth (YY/MM/DD)
Gender Male Female		Marital Status Single Married/Common Law		Family Size (including yourself)	

2. EMPLOYMENT INFORMATION OF APPLICANT

Full-time employment Unemployed Temporarily ill or disabled (attach a letter from a Medical Professional)
Part-time employment Self-employed (attach a copy of your business income statement) Other (specify):

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

3. INCOME AND EXPENSES

Monthly Income	Applicant	Spouse
Full-time Employment		
Part-time Employment		
Alimony/Child Support		
Canada Child Benefit		
Disability Pensions/Workers' Compensation		
Employment Insurance		
Income Assistance		
Profits from Investments/Rentals		
Retirement Pensions/Annuities		
Severance/Layoff Payout		
Student Financial Assistance (SFA)		
Training and Education Allowances		
Widow/Orphan Benefits		
Other (please specify):		
Monthly Expenses	Applicant	Spouse
Rent/Mortgage		
Utility Payments - Electricity, Water, Sewage, Heating Fuel, etc.		
Food/Personal Care		
Local Transportation		
Medical and Dental Expenses		
Alimony/Child Support		
Childcare Expenses		
Other (please specify):		

4. NWT SFA USE ONLY

Approved	Denied	Approval Period	Months Used

5. STATEMENT AND AUTHORIZATION (MANDATORY)

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPP)*, Section 40 and 41 and the *Student Financial Assistance Act* and Regulations. The information will be used to determine my continued eligibility for SFA and for the general administration and enforcement of this program. The privacy provisions of *ATIPP* protect my information.

Personal information is defined under *ATIPP*, Section 2. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Manager, Divisional Financial Services, Income Security Programs Division, Department of Education, Culture and Employment, Box 1320, Yellowknife, NT, X1A 2L9, or call 1-800-661-0793 or 1-867-767-9355.

Part A - Applicant

1. I declare that:
 - a) The information given on this Application to Reduce Payments is true and is subject to audit.
 - b) I will immediately notify the SFA program in writing if my personal information changes.
2. I agree to:
 - a) Follow the terms and conditions of any loan documents that I have signed.
 - b) Provide information or documents to verify my initial and continued eligibility for Reduced Payments within 20 days of request.
3. I understand that:
 - a) If I make a false or misleading statement, I may be required to immediately repay all SFA benefits received and/or be denied future SFA benefits and/or may be subject to criminal prosecution.
 - b) My personal information, except for information collected from Canada Revenue Agency, may be disclosed to third parties in accordance with Section 48 of *ATIPP* for the following purposes: verifying eligibility to receive a benefit or service from the GNWT, collecting a debt owed to the GNWT or enforcing a maintenance order.
 - c) SFA will contact other agencies to verify the information I have provided as part of determining my initial and continued eligibility for SFA benefits and to detect fraud. These agencies may include, but are not limited to the following: other GNWT departments, federal, territorial or municipal governments including driver and vehicle licensing programs, Employment and Social Development Canada, Canada Revenue Agency, Citizenship and Immigration, Aboriginal agencies, housing management bodies, financial institutions, airline and travel agencies, landlords, educational institutions, employers and child care providers.
4. I consent to the release of personal information to the SFA program by those agencies listed in 3.c above, to verify any personal information provided to determine my initial and continued eligibility for SFA. I understand that if I consent to the release of my personal information to third parties, that this consent is valid until I advise the Manager, Divisional Financial Services in writing that I withdraw my consent.
5. I consent to the release, by the Canada Revenue Agency, to an official of the SFA program, of information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility, entitlement for and general administration and enforcement of the SFA program under the *Student Financial Assistance Act*, Regulations and *ATIPP*, and will not be disclosed with any other person or organization without my approval.

This authorization is valid for the SFA program for the three taxation years prior to the year of signature, and the most recent available tax information, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. Further, I understand that if I wish to withdraw this consent, I may do so by writing to the Manager, Divisional Financial Services.

x

Applicant's Signature

Date - YY/MM/DD

Part B - Spouse

1. As the applicant's spouse, I declare that I have read and understand the information contained in this Application for Interest Relief and that it is correct to the best of my knowledge. I understand that it is an offence under the *Student Financial Assistance Act* and Regulations to knowingly make any false statement or misrepresentation in this application or other documents. I also understand that all personal information provided in connection with this application is subject to audit and verification.

x

Spouse's Signature

Date - YY/MM/DD