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Department of Education  
Ilinniaqtuliqiyikkut  
Ministère de l'Éducation

## NEEDS ASSESSED LOAN APPLICATION COVER PAGE

**! IMPORTANT** To receive a Needs Assessed Loan you must have a current FANS application on file and be eligible for FANS benefits.

- Needs Assessed Loans (NAL) are available to students who receive FANS benefits. The NAL is determined by your financial need. All applications are subject to audit. Please keep receipts for all expenses you list in the application. Any false statements made in the application may result in termination of Financial Assistance for Nunavut Students (FANS) benefits, recovery of benefits paid and possible legal action.
- A Needs Assessed Loan must be repaid in full
- You may apply for a NAL at any time during the school year but you cannot receive a NAL for past semesters / years. The amount you receive, **up to a maximum of \$165 per week while you are in school**, is based on the need determined by your application. You must apply before the end of the semester. A new application must be made for each academic year that you wish to receive a NAL.
- NAL are paid out in two installments per academic year. The first payment is made once the NAL has been approved. You must fill out the **Second Installment of the Needs Assessed Loan Application form** to receive your second semester loan payment.
- The length of time you have to repay is based on the total amount that you have borrowed. You must begin to repay the loan within six months of the completion of your schooling.

### WHAT IF YOU NEED HELP?

You can get help from:

#### 1.) The FANS office

Toll-free phone: 1-877-860-0680

Toll-free fax: 1-877-860-0167

Email: [FANSloans@gov.nu.ca](mailto:FANSloans@gov.nu.ca)

Mail: FANS P.O. Box 390 Arviat, NU X0C 0E0

#### 2.) Your Career Development Officer

Qikiqtani: 1-800-567-1514 or (867) 473-2600

Kivalliq: 1-800-953-8516 or (867) 645-5040

Kitikmeot: 1-800-661-0845 or (867) 983-4031

#### 3.) Your school counselor or a Nunavut Arctic College adult educator



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## ! 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.**

Submit your completed form to [FANSLoans@gov.nu.ca](mailto:FANSLoans@gov.nu.ca)

### A - PERSONAL INFORMATION - STUDENT

Last Name		Given Name(s)
Health Card Number		Social Insurance Number
Phone	Fax	Email Address

### B - PERSONAL INFORMATION - SPOUSE

**Spouse means your husband/wife/common-law spouse**

Last Name		Given Name(s)
Health Card Number		Social Insurance Number
Date of Birth: (yy-mm-dd)		
Is your spouse receiving, or will he/she be receiving, any of the following benefits while you are in school:		
Student Financial Assistance	Income Support	Employment Insurance
Is your spouse working, or will your spouse be working, while you are in school:		
	Yes	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	Other Bursaries			
14	Other Income (Explain) Don't Include National Child Benefits			
15	Other Income (Explain)			
	<b>TOTAL ESTIMATED INCOME</b>			

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	Mandatory Student Fees		
3	Required Books And Supplies		
4	Food		
5	Rent (Only Include Your Share if you have a Roommate)		
6	Utilities (Only Include Your Share if you have a Roommate)		
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		
	<b>TOTAL ESTIMATED EXPENSES</b>		

For FANS Use



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## 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 Education 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 Education, 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 Education 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 Students office immediately if there is any change in my status, the status of my spouse, or in the number of dependants 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 dependants. 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 (yy-mm-dd)

Student's Printed Name

### TO BE COMPLETED BY SPOUSE:

Spouse's Signature

Date (yy-mm-dd)

Spouse's Printed Name

## F - FANS USE ONLY

Maximum Allowed NAL: (weeks) \_\_\_\_\_ X \$165 = \$ \_\_\_\_\_

Required Need: \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
                         Determined Expenses              Determined Income              Determined Need

Awarded Need: \_\_\_\_\_

Assessed By: \_\_\_\_\_ Date (yy-mm-dd) \_\_\_\_\_ Assessed By: \_\_\_\_\_ Date (yy-mm-dd) \_\_\_\_\_

Your Name: \_\_\_\_\_



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# FANS TRAVEL REIMBURSEMENT APPLICATION FORM

**PLEASE ATTACH COPIES OF ALL RECEIPTS**

In making this application, I am confirming that I have not applied for or received reimbursement from any other governmental, Inuit or other organization for the expenses claimed. I am also confirming that, to the best of my knowledge, all of the information I have provided is true. I understand that if any of the information I have provided is false, that my reimbursement may be denied and I may be denied future FANS funding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (yy-mm-dd)

**NOTE:** If someone other than the student paid the travel expenses, that person must send an email to [FANSTravel@gov.nu.ca](mailto:FANSTravel@gov.nu.ca) with the subject line "Travel Reimbursement Application - Payer Approval" indicating that they approve of the student receiving the reimbursement.

**FANS OFFICE USE ONLY**

Total Amount Claimed: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Voucher Number: \_\_\_\_\_