

Financial Assistance for Nunavut Students

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: FANSIoans@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

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 spous	se be working, while you are i	n 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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 Ministère de l'Éducation

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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 FANS Use You Your Spouse Employment Earning For 16 Weeks Prior To School 1 (If a Student use Total Summer Work Earnings) **Employment Earnings During School** 2 3 FANS Benefits 4 Training And Educational Allowances 5 Educational Leave Allowances Employment Insurance 6 Income Support 7 8 Child Support/Alimony Day Care Subsidy 9 Severance/Layoff Payout 10 11 Workers Compensation Benefits Profits From Investments 12 13 Other Bursaries Other Income (Explain) Don't Include National Child Benefits 14 Other Income (Explain) 15 TOTAL ESTIMATED INCOME 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	Manditiory Student Fees	
3	Required Books And Supplies	
4	Food	
5	Rent (Only Include Your Share if you have a Roomate)	
6	Utilities (Only Include Your Share if you have a Roomatee)	
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	
	TOTAL ESTIMATED EXPENSES	
For	FANS Use	

Last Revised: February 2024

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E - S 1	E - STATUTORY DECLARATION		
THIS SE	ECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.		
I have r	ead 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 declar	e 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 O	COMPLETED BY SPOUSE:		
Spouse'	s Signature Date (yy-mm-dd)		
Spouse's Printed Name			
F - F#	ANS USE ONLY		
Maximu	Maximum Allowed NAL: (weeks) X \$165 = \$		
Require	d Need: =		
	Determined Expenses Determined Income Determined Need		

Assessed By: _____ Date (yy-mm-dd) _____ Assessed By: _____ Date (yy-mm-dd) _____

Awarded Need: