



# APPLICATION FOR FUNDING

## TRAINING PEI - INDIVIDUAL - 2<sup>nd</sup> YEAR

### Section A - Personal Information

Date of Application Received	Date of Request for Assistance
Office Use Only	Office Use Only

Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the provision of the *Training PEI* program. The information collected on this application shall be used for eligibility and evaluation purposes. If you have any questions about this collection of personal information, you may contact the Manager at your nearest SkillsPEI office, or call 1-877-491-4766.

SOCIAL INSURANCE NUMBER		FILE NUMBER (Office use only)	
SURNAME			
GIVEN NAME		MIDDLE NAME	
ADDRESS			
COMMUNITY/CITY		PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO. ( ) -	OTHER CONTACT TELEPHONE NO. ( ) -	E-MAIL ADDRESS	
DATE OF BIRTH (YYYY - MM - DD)		GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
CLIENT STATUS			
SINGLE (living at home) <input type="checkbox"/>		SINGLE (living away from home) <input type="checkbox"/>	
MARRIED/Common LAW <input type="checkbox"/>		PARENT (with dependent children) <input type="checkbox"/> (See Section B)	

### Section B - Financial Information

Financial assistance for Basic Living Allowance (BLA) may be requested once your Employment Insurance (EI) benefits have exhausted. This request for assistance must be made in writing to your local SkillsPEI office. The amount of financial assistance you may receive while participating in Training PEI will be based on your family status.

Are you receiving income assistance from any other government department or agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:
Are you receiving or have you applied for dependent care assistance from any other government department or agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:
Do you require dependent care assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Definition of Married/Common-Law:** You are Married or Common-Law if:

- you are married; or
- you are living common-law and have claimed your marital status as common-law on your Income Tax and Benefits Return for the last two years; or
- you did not declare your marital status as common-law on your last year's Income Tax and Benefits Return but you and your common-law partner are the natural parents of a child or children living in the same household for whom you are financially responsible.

**Definition of Dependent:** A dependent is a person dependent on an applicant or an applicant's spouse if the dependent person is:

- 18 years of age or under, are wholly dependent on the parent or guardian for support, and for whom the parent or guardian has, by law or in fact, custody and control; or
- wholly dependent on the parent or guardian for support due to a permanent disability, and for whom the parent or guardian has, by law or in fact, custody and control; and
- residing with the applicant a minimum of 50% of the time; or
- 19 years of age or older, are in a full-time program at a post secondary institute.

Please list any dependents who meet the above criteria for whom the applicant is wholly responsible.

Name	Relationship	Date of Birth (Children) (YYYY - MM - DD)	Is this Dependent a Full-time Student? (Y or N)	Does this dependent have a permanent disability? (Y or N)

**NOTE:** Applicants requesting dependent care assistance, will be required to complete a Verification of Dependent Care Form. Applicants may also be required to provide evidence of dependents and custody.

### **FAMILY ORDER AGREEMENTS**

Do you currently have either:

- i) an order or judgment for maintenance, alimony or family financial support against you, or Yes  No
- ii) an obligation under an agreement for the payment of maintenance or family financial support in respect of which a garnishee summons has been served on the Department of Justice under the Family Orders and Agreements Enforcement Assistance Act? Yes  No

**Important Information:** If you have a garnishee summons, it is important to contact the Maintenance Enforcement Program at the Office of the Attorney General to determine whether (and how much) of your Training PEI financial assistance may be garnisheed. In some instances it may be possible for you to negotiate suspension or reduction of the garnishment during Training PEI participation. This situation should be resolved so you know whether you can participate in Training PEI, before the final approval of your Training PEI application.

### **Section C - Amounts Owning in Default to The Government of PEI**

Do you, the applicant, owe any amounts that are in default to the Government of PEI ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details:		
Amounts in Default Owning	Nature of the Amount of Default Owning (taxes, penalties, overpayments, etc.)	Name of Government Department or Agency to which the Amount in Default is Owed
\$		
\$		
\$		
<p><b>Declaration:</b></p> <p>I declare:</p> <p>(a) I have read and understand the information provided in this application package;</p> <p>(b) The information I have provided to the Department of Workforce and Advanced Learning &amp; SkillsPEI in this application and supporting documentation is true, accurate and complete in every respect;</p> <p>(c) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the Department of Workforce and Advanced Learning &amp; SkillsPEI;</p> <p>(d) The information provided, with respect to amounts owing in default to the Government of PEI, is true and accurate. I recognize that amounts payable to me under any future agreement may be deducted from, or set-off against, any such amounts owing to the Government of PEI.</p> <p>I agree:</p> <p>(a) The information I have provided in this application can be subject to a proof of evidence request at any time during this agreement.</p> <p>I authorize:</p> <p>(a) the Minister of Workforce and Advanced Learning to disclose all information contained in this application concerning an amount in default owing to the Government of PEI for the purpose of verifying the amount and status of debt, and</p> <p>(b) the Government of PEI to disclose to the Minister of Workforce and Advanced Learning, all particulars and information relevant to the debt solely for the purpose of the administration of my application in connection with my declaration as to amounts owing to the provincial government that are in default.</p>		
NAME OF APPLICANT (PLEASE PRINT):		
SIGNATURE OF APPLICANT:		DATE: