



Office Use Only
File Number
Date Received

Student Financial Services  
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## Estimate of Parental Income

Student's Social Insurance Number 

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Student's Name    Telephone Number   

Address    City    Province    Postal Code   

If you, as parents, anticipate your income being lower by at least 5% in your current year rather than the previous year, indicate your income from all sources and provide a complete explanation. If your son/daughter receives an overpayment as a result of you underestimating your income, this over-payment may be deducted from future loans.

Jan 1	–	Dec 31
Parent 1		Parent 2

Parent Name:.....

### Gross Income

Employment .....	\$	\$
Employment Insurance.....		
Investments/Savings .....		
Pension Benefits		
Specify: .....		
Sick Leave Benefits / Non taxable income .....		
Other Sources		
Specify: .....		

### Self-Employment Income

Specify Type of Income: .....

Gross: \$	Net:
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Total Income For Current Year .....	\$	\$
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Explanation (be specific): .....

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Declaration: I declare that the information submitted on this form is correct to the best of my knowledge and should my financial resources/income change, I agree to notify Student Financial Services immediately. I make this declaration knowing that it is an offence under the Canada Student Financial Assistance Act and the PEI Student Financial Assistance Act to knowingly make a false statement or misrepresentation in an application form or other document or to wilfully provide any false or misleading information.

Date

Parent 1's Signature

Date

Parent 2's Signature