



## Budget Amendment Request

Budget			
Net Monthly Household Income ( I )		Basic Monthly Living ( L ) Expenses	
Current		Current	
EI Benefits	\$	Rent / Mortgage	\$
Employment Assistance Benefits	\$	Living Costs (food, clothing, etc.)	\$
Pension Income	\$	Utilities	\$
Disability Income	\$	Transportation	\$
WCB / Vocational Rehab Benefits	\$	Vehicle insurance	\$
Income (from part-time employment)	\$	Medical / Dental	\$
Spouse / Partner Income	\$	Debt Payments	\$
Child care subsidy	\$	Property taxes	\$
GST tax credit	\$	House insurance	\$
Child tax credit	\$	Tenant insurance	\$
Child support	\$	Child support / daycare	\$
Alimony support	\$	Alimony support	\$
Student loan / bursaries	\$	Lease payments	\$
Room / Board rental income	\$	Other (please specify):	\$
Aboriginal funding	\$	Other (please specify):	\$
Other (please specify):	\$	Other (please specify):	\$
Other (please specify):	\$	Other (please specify):	\$
<b>TOTAL ( I )</b>	\$	<b>TOTAL ( L )</b>	\$
		<b>Difference ( I - L ) = ( M )</b>	\$

<b>Previously Requested Amount</b>	\$
<b>Newly Requested Amount</b> <i>(this amount may equal 'M')</i>	\$

I certify that the information I have given is true, correct and complete in every detail. I understand any information noted may be checked by Amber. I am aware that action can be taken against me for making false statements or providing misleading information that may result in having to repay money to Amber or the government. I am aware that false statements may result in my application being declined.

As per the Personal Information Protection Act (PIPA) Amber Education Services is collecting the information within this portion of the application in order to adjudicate the training request and verify if the applicant qualifies as an eligible insured participant. A copy of our PIPA Policy can be obtained from our office or at our website, [www.ambered.com](http://www.ambered.com). By signing this application addendum you are giving consent for your personal information to be collected, used and disclosed between both Amber Education Service's offices in Duncan and Nanaimo.

I hereby give permission for Amber Education Services Ltd. to:

- Verify information provided within this Application addendum with the identified parties.
- Share information with the Government of British Columbia including Employment Insurance eligibility.
- Share outcomes with Case Managers

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: (Day/Month/Year)