**Statement of Income**

**Unless you have been told otherwise, you have two options:** Attach your paystubs and receipts **OR** fill in the information below and keep your paystubs and receipts in case we ask to see them in the future.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | | Member ID | | | | Office ID | | | | | | Case Owner | | | | | Income Change  Yes  No | |
| Mail this form to the address below as soon as possible after DAY MONTH YEAR | | | | | | | Income for | | | Day / Month / Year | | | | | | | To | Day / Month / Year | | | |
|  | | | Select Date | | | | | | | - | Select Date | | | |
| Have  you  your spouse  dep. Adult  stopped  started working this month? | | | | | | | | | | | | | | |
| Name of Employer or Paid Training Program | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
| Date of  last  first pay cheque | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Earnings** | | | | | | | | | | | | | | | | | | | | | |
| 1. | Complete payment information for each family member who is employed or in a paid training program | | | | | | | | | | | | | | | | | | | | |
| 2. | If applicable, enter any deductions | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | Employer Name/  Training Program | | Employer Name/  Training Program | | | | | Employer Name/  Training Program | | Employer Name/  Training Program | | | | | | Employer Name/  Training Program | | |
|  | |  | |  | |  | | | | |  | |  | | | | | |  | | |
| Recipient  Spouse  Dep. Adult | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Attending secondary/post secondary school full time?  No  Yes | | | | Date | | Date | | | | | Date | | Date | | | | | | Date | | |
|  | | | | **Amount** | | **Amount** | | | | | **Amount** | | **Amount** | | | | | | **Amount** | | |
| Gross pay (before deductions) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Net pay (after deductions) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Deductions (enter only if applicable) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Child or spousal support payments | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Other garnishments to repay a debt | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Name: | |  |  | Employer Name/  Training Program | | Employer Name/  Training Program | | | | | Employer Name/  Training Program | | Employer Name/  Training Program | | | | | | Employer Name/  Training Program | | |
|  | |  |  |  | |  | | | | |  | |  | | | | | |  | | |
| Recipient  Spouse  Dep. Adult | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Attending secondary/post secondary school full time?  No  Yes | | | | Date | | Date | | | | | Date | | Date | | | | | | Date | | |
|  | | | | **Amount** | | **Amount** | | | | | **Amount** | | **Amount** | | | | | | **Amount** | | |
| Gross pay (before deductions) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Net pay (after deductions) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Deductions (enter only if applicable) | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Child or spousal support payments | | | |  | |  | | | | |  | |  | | | | | |  | | |
| Other garnishments to repay a debt | | | |  | |  | | | | |  | |  | | | | | |  | | |
| **Child Care Expenses** | | | | | | | | | | | | | | | | | | | | | |
| 1. | Complete payment information for each family member who is employed or in a paid training program | | | | | | | | | | | | | | | | | | | | |
| 2. | If applicable, enter any deductions | | | | | | | | | | | | | | | | | | | | |
| Child Name | | | | Child Care Provide Name | | | | | | | | Licensed | | Unlicensed | | | | | Amount | | |
|  | | | |  | | | | | | | |  | |  | | | | |  | | |
|  | | | |  | | | | | | | |  | |  | | | | |  | | |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I declare the information here to be accurate and complete. |  |  |  |
|  | Signature (Recipient/Trustee) |  | Date |  |

**Notice with Respect to the Collection of Personal Information**

(Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program* *Act*, 1997, sections 5, 10, 45 & 46 or the *Ontario Works Act*, 1997, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact: Supervisor – Support Services at 519-255-5200

**Avis concernant la collecte de renseignements personnels**

*(Loi sur l’accès à l’information et la protection de la vie privée/Loi sur l’accès à l’information municipale et la protection de la vie privée)*Les articles 5, 10, 45 et 46 de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées,* ou les articles 7, 8, 15, 57 et 58 de la *Loi de 1997 sur le programme Ontario au travail* autorisent la présente collecte de renseignements aux fins de l’application des programmes de l’aide sociale du gouvernement de l’Ontario: Pour de plus amples renseignements, veuillez communiquer avec le superviseur des services de soutien à 519-255-5200 dans votre bureau d’Ontario au Travail.

**Changes Report**

**Complete ONLY IF THER ARE CHANGES TO REPORT** and return to your local office BY THE 16th of the month: ATTACH RECEIPTS.

It is your legal obligation to report CHANGES in living arrangements, shelter costs, family size, income or assets. he future.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | | | | | | | | | Member ID | | | | | | Office ID | | | | | | Case Owner | | | | | Changes for the Month of  - | | | | |
| **Have you moved?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date Moved: | | | | | |  | Renting | | | | | | Boarding (meals) | | | | | | | Own Home | | | | | | | Institution/Hospital | | | | |
|  | |  | | | | | |  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| New Address | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| Street Number | | | Street Name | | | | | | | | | | | |  | | | | | | |  | | | | | | | Unit Number | | | | |
| PO Box  Rural Route  General Delivery | | |  | Town/City | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
|  |  | |  | | | | | | | | |  | |  | | | | | | | |  | | | |  | | | | |
|  | Postal Code | |  | | | | | | | | |  | | New Phone Number | | | | | | | |  | | | | | |  | | |
|  | | |  |  | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| **Do you have new housing costs? Attach receipts for new housing expenses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | Amount Paid | | | | | | | Start Date D/M/Y | | | | |
| New Rent/Boarding/Mortgage Amount | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Date: | | | | |
| New Monthly Utility Costs (e.g. Hydro, Insurance) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Date: | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| New Annual Heating Costs | | | | | | | | | Oil | | | | | | | Gas | | | | | | Electric | | | | | | | Wood | | | | |
| **Family Changes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Recipient | | | | | | | Spouse | | | | | | Dep. Adult | | | | | | | Dep. Child | | | | |
| Details of change: (e.g. moved out, finished school, new baby | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Start Date D/M/Y | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date: | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| Is a family member leaving Ontario for more than 7 days? | | | | | | | | | | | Date Leaving | | | . | | | | | | |  | | Date Returning | | | | . | | | | |  |
|  | | | | | | | | | | |  | | |  | | | | | | |  | |  | | | |  | | | | |  | |
| Name | | | | | | | | | Recipient | | | | | | | Spouse | | | | | | Dep. Adult | | | | | | | Dep. Child | | | | |
| Does any family member have changes in assets (bought or sold or changed in value)? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| Type of Asset | | | | | | | | | | | | | | | | | | | | New Value | | | | | | | | | Start Date (D/M/Y) | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | . | | | | |
| Other Changes in Circumstances (e.g. shared custody, new person living with you) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does any family member have changes in income?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross Income | | | | | Amount | | | | | | | | Gross Income | | | | | | | | | | | | Amount | | | | | | | | |
| Recipient | | Spouse | | | Dep. | | | Recipient | | | Spouse | | Dep. | | | |
| Support Payments | | | | |  | |  | | |  | | | Rental Income | | | | | | | | | | | |  | | |  | |  | | | |
| Employment Insurance | | | | |  | |  | | |  | | | Foreign Pension | | | | | | | | | | | |  | | |  | |  | | | |
| WSIB | | | | |  | |  | | |  | | | Private Pension | | | | | | | | | | | |  | | |  | |  | | | |
| CPP/QPP – Retirement | | | | |  | |  | | |  | | | Gifts / Windfalls | | | | | | | | | | | |  | | |  | |  | | | |
| CPP/QPP – Disability | | | | |  | |  | | |  | | | Loans | | | | | | | | | | | |  | | |  | |  | | | |
| CPP/QPP Survivor | | | | |  | |  | | |  | | | Trust/ Inheritance | | | | | | | | | | | |  | | |  | |  | | | |
| OAS/GIS | | | | |  | |  | | |  | | | Segregated Funds / Annuities | | | | | | | | | | | |  | | |  | |  | | | |
| GAINS A | | | | |  | |  | | |  | | | Interest / Dividends | | | | | | | | | | | |  | | |  | |  | | | |
| Roomer Income | | | | |  | |  | | |  | | | Insurance Benefits | | | | | | | | | | | |  | | |  | |  | | | |
| Boarder Income | | | | |  | |  | | |  | | | Other (specify): | | | | | | | | | | | |  | | |  | |  | | | |
|  | | | | |  | |  | | |  | | |  | | | | | | | | | | | |  | | |  | |  | | | |
|  | | | | |  | |  | | |  | | |  | | | | | | | | | | | |  | | |  | |  | | | |
| I declare the information here to be accurate and complete and agree to advise my local Ontario Works office of any changes | | | | | | | | | | | | | Signature (Recipient/Trustee) | | | | | | | | | | | | | | | Date  . | | | | | |