**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 |
|       |       | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  |       |
|       |       | [ ]  | [ ]  |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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. |