

How to Complete your Statement of Income

Complete and return your Statement of Income on the 16th of each month and no later to ensure your monthly assistance will be received on time. If your Statement of Income is handed into our office before the 16th of the month, it will be returned to you. Declare income received from the 16th of the previous month to the 15th of the current month by you, your spouse, your dependent adult(s), or dependent children living with you.

Be sure your name and Member ID are filled in

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 <input type="checkbox"/> YES <input type="checkbox"/> NO
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MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER DAY MONTH YEAR INCOME FOR DAY MONTH YEAR TO DAY MONTH YEAR

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. Enter all amounts received by cash or cheque or bank deposit 2. Enter Name of Employer or Paid Training Program and paystub date.

Name: John Doe	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Date	Date	Date	Date	Date
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	276.00	289.00	Nil	Nil	Nil
Tips and Gratuities	Nil	Nil	Nil	Nil	Nil
Deductions on Paystub					
Income Tax	18	19	Nil	Nil	Nil
Employment Insurance	15.00	16.00	Nil	Nil	Nil
Canada Pension Plan	15.00	16.00	Nil	Nil	Nil
Union Dues	Nil	Nil	Nil	Nil	Nil
Mandatory Pension Plan	Nil	Nil	Nil	Nil	Nil

Name:	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Date	Date	Date	Date	Date
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance					
Tips and Gratuities					
Deductions on Paystub					
Income Tax					
Employment Insurance					
Canada Pension Plan					
Union Dues					
Mandatory Pension Plan					

Child Care Expenses

Child Name	Caregiver Name	Extended Day Program	Licensed	Unlicensed	Amount
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare the information here to be accurate and complete. Signature (Recipient/Trustee) Date

Read each box carefully. Enter either the **amount** earned / date received. **Attach photocopies of your pay stubs and verification of all income earned from your employment or a training program.** Do not send originals, as they will not be returned to you.

If you have no earnings, write the word "NIL" and draw a line through the entire column(s).

Additional Form Required
If you have childcare expenses, your caseworker will give you the **Child Care Receipt Form** which must be filled in and submitted with this Statement of Income monthly.

The person receiving assistance (head of household) /trustee must sign and date here

This page must be reviewed, signed and dated at the bottom. Please report any changes that have occurred within your family unit with respect to any of the following: accommodation, housing costs, family changes, leaving the province of Ontario for more than seven (7) days, and any asset/income changes.

Changes Report

COMPLETE ONLY IF THERE 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.

Name		Member ID	Office ID	Case Owner	Changes for the month of		
Have you moved?							
Date Moved		<input type="checkbox"/> Renting	<input type="checkbox"/> Boarding (meals)	<input type="checkbox"/> Own Home	<input type="checkbox"/> Institution/Hospital		
New Address							
Street Number		Street Name		Unit Number			
<input type="checkbox"/> PO Box		Town/City					
<input type="checkbox"/> Rural Route		Postal Code					
<input type="checkbox"/> General Delivery		New Phone Number					
Do you have new housing costs? Attach receipts for new housing expenses.							
New Rent/Boarding/Mortgage Amount		Amount Paid	Start Date (D/M/Y)				
New Monthly Utility Costs (e.g. Hydro, Insurance)							
New Annual Heating Costs		<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood		
Family Changes							
Name		<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> Dep. Child		
Details of change: (e.g. moved out, finished school, new baby)		Start Date (D/M/Y)					
Is a family member leaving Ontario for more than 7 days? Date leaving _____ Date returning _____							
Name		<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> 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			

Additional Information Required
If you have moved, complete this section and give your caseworker a copy of your **lease/rental agreement, or a landlord issued rent receipt/letter** that also includes the landlord's name, address and telephone number.

The person receiving assistance (head of household)/trustee must sign and date here even if there are no changes.

Mail or Drop off on the 16th of every month to avoid delays in receiving your monthly assistance

- This statement may be dropped off at any of the following locations for your convenience:
- 400 City Hall Square East, Windsor (Ontario Works, Housing & Children's Services)
 - Office and 24 hour drop box available outside the Windsor Office
 - 215 Talbot Street East, Leamington (Ontario Works and Children's Services)
 - **Ward 1:** South Windsor Recreation Centre (2555 Pulford)
 - **Ward 2:** Adie Knox Recreation & Customer Care Complex (1551 Wyandotte W.)
 - **Ward 3:** Optimist Community & Customer Care Centre (1075 Ypres)
 - **Ward 4:** Gino A. Marcus Community & Customer Care Complex (1168 Drouillard Road)
 - **Ward 5:** Forest Glade Community & Customer Care Centre (3215 Forest Glade Drive)