Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

Review of Parental Contribution

Applicant One _____

Applicant Two _____

Briefly describe changes to the family's situation that have caused the reduction to family income (change of job, started school, separation, one-time payment in the previous year etc.)

Taxable Income from all sources, current calendar year (please attach verification for at least one current month for each source of income, as well as most current Income Tax Summary)

Applicant Name	All sources of taxable income (employment, self-employment, Employment Insurance benefits, Canada Pension Plan benefits, rental income, support payments, interest and other investment income, bursaries or sick/disability benefits if taxable)	Verification provided (√)	# of months income to be received this calendar year (A)	Amount per month (estimate if not known)(B) *weekly amount X 4.33*	Total income in the current calendar year (A X B) =

Total Estimated Income, Current Calendar Year (Add all) _____ **C**

Allowable deductions from income

Applicant Name	Allowable deductions from Income (RRSP contributions, registered pension plan contributions, annual union, professional and like dues) * don't deduct income taxes	Verification provided (√)	# of months deduction to be claimed- current calendar year (D)	Amount per month (E) *weekly amount X 4.33*	Total deductions from income- current calendar year (D X E) =

Total Allowable Deductions, Current Calendar Year (Add all) _____ **F**

Total Adjusted Income for Current Calendar Year (C - F) = _____ **G**

Adjusted family income from most recent available tax year (line 236 NOA) _____ **H**

Change in income (H - G) _____ **I**

Percentage Decrease I / H X 100% = _____ **%**

	Signature	**Date**
Applicant One		
Applicant Two		

If there has been a decrease of 20% or more, use the total from G to assess parent contribution instead of line 236 from the NOA