

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 John Doe	Member ID 123456789	Office ID 1391	Case Owner CSmit	Income Change <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER Manitoulin-Sudbury - 000151 - Espan 210 Mead Blvd Espanola ON P5E 1R9		INCOME FOR DAY MONTH YEAR TO DAY MONTH YEAR 16 Dec 2014 16 Nov 2014 15 Dec 2014		
		Have <input type="checkbox"/> you <input type="checkbox"/> your spouse <input type="checkbox"/> dep. adult <input type="checkbox"/> stopped <input type="checkbox"/> started working this month? Name of Employer or Paid Training Program _____ Date of <input type="checkbox"/> last <input type="checkbox"/> 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: <u>John Doe</u>	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input checked="" type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	ABC Corp.	ABC Corp.			
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Nov 2015	Date Dec 10/15	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	509.60	509.60			
Tips and Gratuities	NIL	NIL			
Deductions on Paystub					
Income Tax	55.62	55.62			
Employment Insurance	9.58	9.58			
Canada Pension Plan	21.89	21.89			
Union Dues	NIL	NIL			
Mandatory Pension Plan	NIL	NIL			
Name: <u>Jane Doe</u>	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 checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult					
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	NIL	NIL			
Tips and Gratuities	NIL	NIL			
Deductions on Paystub					
Income Tax	NIL	NIL			
Employment Insurance	NIL	NIL			
Canada Pension Plan	NIL	NIL			
Union Dues	NIL	NIL			
Mandatory Pension Plan	NIL	NIL			

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) John Doe Date Dec 17/15

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, please contact your caseworker at your local Ontario Works office. For local office contact information, please contact ServiceOntario toll-free at 1-888-789-4199 (TTY: 1-800-387-5559) or visit the ministry's website at www.ontario.ca/mcss.

Changes Report

COMPLETE ONLY IF THERE ARE CHANGES TO REPORT and return to you 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 <i>John Doe</i>	Member ID <i>123456789</i>	Office ID <i>1391</i>	Case Owner <i>Csmit</i>	Changes for the month of
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Have you moved?

Date Moved _____ Renting Boarding (Meals) Own Home Institution/Hospital

New Address

Street Number	Street Name	Unit Number
<input type="checkbox"/> PO Box	Town/City	
<input type="checkbox"/> Rural Route	Postal Code	New Phone Number
<input type="checkbox"/> General Delivery		

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
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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
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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	<i>NIL</i>	<i>NIL</i>		Rental Income	<i>NIL</i>	<i>NIL</i>	
Employment Insurance	<i>NIL</i>	<i>NIL</i>		Foreign Pension	<i>NIL</i>	<i>NIL</i>	
WSIB	<i>NIL</i>	<i>NIL</i>		Private Pension	<i>NIL</i>	<i>NIL</i>	
CPP/QPP - Retirement	<i>NIL</i>	<i>NIL</i>		Gifts / Windfalls	<i>NIL</i>	<i>NIL</i>	
CPP/QPP - Disability	<i>NIL</i>	<i>NIL</i>		Loans	<i>NIL</i>	<i>NIL</i>	
CPP/QPP - Survivor	<i>NIL</i>	<i>NIL</i>		Trust / Inheritance	<i>NIL</i>	<i>NIL</i>	
OAS/GIS	<i>NIL</i>	<i>NIL</i>		Segregated Funds/Annuities	<i>NIL</i>	<i>NIL</i>	
GAINS A	<i>NIL</i>	<i>NIL</i>		Interest / Dividends	<i>NIL</i>	<i>NIL</i>	
Roomer Income	<i>NIL</i>	<i>NIL</i>		Insurance Benefits	<i>NIL</i>	<i>NIL</i>	
Boarder Income	<i>NIL</i>	<i>NIL</i>		Other (specify):	<i>NIL</i>	<i>NIL</i>	

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) *John Doe* Date *Dec 17/15*