

# 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 <b>John Doe</b>	Member ID <b>123456789</b>	Office ID <b>1391</b>	Case Owner <b>CSmit</b>	Income Change <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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
		16 Dec 2014		16 Nov 2014 15 Dec 2014
<b>Manitoulin-Sudbury - 000151 - Espan</b> <b>210 Mead Blvd</b> <b>Espanola ON</b> <b>P5E 1R9</b>			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? <b>Name of Employer or Paid Training Program</b> _____ 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					
Attending secondary/post-secondary school full time? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	NIL				
Tips and Gratuities	NIL				
<b>Deductions on Paystub</b>					
Income Tax	NIL				
Employment Insurance	NIL				
Canada Pension Plan	NIL				
Union Dues	NIL				
Mandatory Pension Plan	NIL				
Name: <u>Jane Doe</u>					
<input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult					
Attending secondary/post-secondary school full time? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	NIL				
Tips and Gratuities	NIL				
<b>Deductions on Paystub</b>					
Income Tax	NIL				
Employment Insurance	NIL				
Canada Pension Plan	NIL				
Union Dues	NIL				
Mandatory Pension Plan	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 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 <b>John Doe</b>	Member ID <b>123456789</b>	Office ID <b>1391</b>	Case Owner <b>C Smit</b>	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
<input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route <input type="checkbox"/> General Delivery		
Town/City _____		Postal Code _____
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	NIL	NIL		Rental Income	NIL	NIL	
Employment Insurance	NIL	NIL		Foreign Pension	NIL	NIL	
WSIB	NIL	NIL		Private Pension	NIL	NIL	
CPP/QPP - Retirement	NIL	NIL		Gifts / Windfalls	NIL	NIL	
CPP/QPP - Disability	NIL	NIL		Loans	NIL	NIL	
CPP/QPP - Survivor	NIL	NIL		Trust / Inheritance	NIL	NIL	
OAS/GIS	NIL	NIL		Segregated Funds/Annuities	NIL	NIL	
GAINS A	NIL	NIL		Interest / Dividends	NIL	NIL	
Roomer Income	NIL	NIL		Insurance Benefits	NIL	NIL	
Boarder Income	NIL	NIL		Other (specify):	NIL	NIL	

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

*John Doe*

*Dec 17 / 15*