

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								
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 <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

- Complete payment information for each family member who is employed or in a paid training program
- If applicable, enter any deductions

Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
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 pay (before deductions)					
Net pay (after deductions)					

Deductions (enter only if applicable)

Child or spousal support payments					
Other garnishments to repay a debt					

Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
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 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

- Enter the child name and child care provider name
- Select the type of child care, licensed (most day cares) or unlicensed (most babysitters) and enter the amount

Child name	Child care provider name	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

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 _____		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	