

How to Complete a Statement of Income (SOI)

- Please use a black or blue pen to complete the *Statement of Income (SOI)*.
- Leave blank if you have no income or expenses to report. Your signature and the date are required at the bottom, even if the rest of the form is blank.
- Do not complete and sign/date the SOI before the 16th of each month, as all income must be declared from the 16th of the previous month to the 15th of the current month.
- If your SOI is not received on the 16th of each month or if it is not complete or correct, there may be a delay in your Ontario Works financial assistance.
- The SOI can be dropped off at the closest OW office or mailed to the office location indicated on the SOI.
- If you have more than two members of your family that are working, either request an additional SOI form from reception or copy the one you receive in order to record all earnings of all family members.

Statement of Income / Déclaration de Revenu

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.

À moins que vous avez été informé autrement, vous avez deux options : Joindre vos bordereaux de paie et vos reçus **OU** remplir les renseignements ci-dessous et conserver vos bordereaux de paie et reçus au cas où nous vous demanderions de nous les fournir plus tard.

Name / Nom	Member ID Code d'ID. du membre	Indicate whether there is a change in income to report	Income Change Changement au rev. <input type="checkbox"/> YES OUI <input type="checkbox"/> NO NON
MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER ENVOYEZ CETTE CARTE À L'ADRESSE INDIQUÉE CI-DESSOUS DES QUE POSSIBLE APRÈS LE		DAY MONTH YEAR JOUR MOS ANNÉE	REPORT INCOME FOR / REVENUS POUR D/J M/M Y/A TO/À D/J M/M Y/A

Complete if there is a change in employment
Leave blank if no changes to report

Have you your spouse dep. adult
Est-ce que vous-même conjoint(e) adulte à charge

Avez-vous stopped started work this month?
cessé de commencé à travailler ce mois-ci?

Name of Employer or Paid Training Program
Nom de l'employeur/du programme de formation :

Date of last first pay cheque
Date de la dernière première paie :

EARNINGS / GAINS

1. Complete payment information for each family member who is employed or in a paid training program / Veuillez fournir le
2. If applicable, enter any deductions / Le cas échéant, indiquez toutes retenues.

Name / Nom: Participant Name	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme
<input checked="" type="checkbox"/> Recipient Bénéficiaire <input type="checkbox"/> Spouse Conjoint(e) <input type="checkbox"/> Dep. Adult Adulte à charge	Employer Name	Employer Name	Employer Name	Employer Name	Employer Name
Attending secondary/post secondary school full-time? Étes-vous aux études postsecondaires à temps plein? <input checked="" type="checkbox"/> No Non <input type="checkbox"/> Yes Oui	Date Pay Date	Date Pay Date	Date Pay Date	Date Pay Date	Date Pay Date
Gross pay (before deductions/Salaire brut (avant retenues))	Amount / Montant	Amount / Montant	Amount / Montant	Amount / Montant	Amount / Montant
Net pay (after deductions) / Salaire net (après retenues)					
Tips and Gratuities / Pourboires					
Deductions (enter only if applicable) / Retenues (saisir uniquement s'il y a lieu)					
Child or spousal support payments / Paiements de pension alimentaire pour enfants ou conjoint					
Other garnishments to repay a debt/ Autres saisies-arrêts pour remboursement de dette					

Complete if there are earnings
Enter the gross and net amount of earnings
One column per pay stub
Leave blank if no earnings

Enter the amount for any tips received

Enter the amount of any deductions for child support payments or other garnishments taken off of your pay

Complete if there are child care expenses to report
Leave blank if no expenses to report

Name / Nom:	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme	Employer Name/ Training Program Nom-employeur/ programme
<input type="checkbox"/> Recipient Bénéficiaire <input type="checkbox"/> Spouse Conjoint(e) <input type="checkbox"/> Dep. Adult Adulte à charge					
Attending secondary/post secondary school full-time? Étes-vous aux études postsecondaires à temps plein? <input type="checkbox"/> No Non <input type="checkbox"/> Yes Oui	Date	Date	Date	Date	Date
Gross pay (before deductions/Salaire brut (avant retenues))	Amount / Montant	Amount / Montant	Amount / Montant	Amount / Montant	Amount / Montant
Net pay (after deductions) / Salaire net (après retenues)					
Tips and Gratuities / Pourboires					
Deductions (enter only if applicable) / Retenues (saisir uniquement s'il y a lieu)					
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Child Care Expenses / Frais de garde d'enfants

1. Enter the child name and the childcare provider name / Indiquez le noms de l'enfant et du fournisseur de service de garde

2. Select the type of child care, licensed (most day cares) or unlicensed (most babysitters) and enter the amount / Sélectionnez le type de services de garde – avec permis (la plupart des services de garde) ou sans permis (la plupart des gardiennes et gardiens d'enfants) – et indiquez le montant

Child name Nom de l'enfant	Child care provider name Le nom du service de garde	Licensed Avec permis	Unlicensed Sans permis	Amount Montant
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Sign, date and submit on or immediately after the 16th of the month
Must be signed and dated even if the rest of the SOI is blank

Signature (recipient/trustee) Signature (bénéficiaire/fiduciaire)	Date
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Notice with Respect to the Collection of Personal Information
Information and Protection of Privacy Act / Municipal Freedom of Information and Protection of Privacy Act

Ontario Disability Support Program Act 1997, sections 5, 10, 45 & 46 of the Ontario Works Act 1997, sections 7, 8, 15, 57 & 58 for the purposes of administering

IMPORTANT: If you are not sure how to declare an income source, please contact your Case Manager.

- You are **not** required to submit a *Statement of Income (SOI)* if you have been advised not to by your Case Manager. This **may** occur if:
 - You do not have any income or earnings to report
 - Your income does not change on a monthly basis (e.g. Canada Pension Plan, support payments that are the same each month, roomer or boarder income, etc.)
- You **must** continue, or start, to submit a *Statement of Income (SOI)* on the 16th of each month, if:
 - You have a new source of income (attach your income stubs to your SOI)
 - You have ongoing earnings and/or training allowances (attach your pay stubs to your SOI)
 - You have casual earnings from employment (attach your pay stubs to your SOI)
 - You have income that changes amounts on a monthly basis

Where a *Statement of Income (SOI)* is required, you are to complete the SOI in full by:

- Recording your gross and net income
- Recording any tips received
- Recording any deductions from your earnings for child support or any other garnishments
- Recording childcare expenses (where applicable)
- Signing and dating the SOI
- Submitting your SOI along with copies of your income stubs/child care receipt(s).

After 3 months of reporting your income/child care expenses, you have two options (unless your Case Manager has told you otherwise):

- Sign and date your SOI, attach any childcare receipt(s) and copies of your income stubs for all income received between the 16th of the previous month and the 15th of the current month.
OR
- Complete the SOI in full (by recording gross and net income, tips, any garnishments, child care expenses, signing/dating the SOI) and submit without copies of your income stubs/child care receipt(s). **PLEASE KEEP COPIES OF YOUR INCOME STUBS AND CHILD CARE RECEIPTS AS YOU WILL BE ASKED TO VERIFY YOUR DECLARATIONS IN THE FUTURE.**

Changes Report (on the back of the *Statement of Income*)

Report any changes here (e.g. a change in the number of people in the family, phone number or address change, change in income, etc.) and attach any applicable documents (e.g. a copy of a lease or landlord letter).

Leave blank if there are no changes to report.

Note: Signature and date at the bottom are only required if there is a change reported.

Example: If you declare receiving a \$200 Employment Insurance benefit payment on your December *Changes Report*, this amount will continue to be deducted from your assistance until you report another change.

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			New Phone Number	
<input type="checkbox"/> Rural Route	Postal Code				
<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 (P/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 (P/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 (P/M/Y)			
Other Changes in Circumstances (e.g. stayed outside, now person living with you)					
Does any family member have changes in income?					
Gross Income	Recipient	Amount	Spouse	Dep.	Gross Income
Support Payments					Rental Income
Employment Insurance					Foreign Pension
WSIB					Private Pension
CPIP/QPP - Retirement					Gifts / Windfalls
CPIP/QPP - Disability					Loans
CPIP/QPP - Survivor					Trust / Inheritance
DASGIS					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	