

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
				YES NO

MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER

DAY MONTH YEAR

REPORT INCOME FOR						
DD	MM	YY	TO	DD	MM	YY

Have you your spouse dep. child

stopped started work this month?

Name of Employer or Paid Training Program

Date of last first pay cheque

EARNINGS

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

Name	Employer Name/ Training Program				
Recipient Spouse Dep. Adult					
Attending secondary/post secondary school full-time?					
No 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 / Nom:	Employer Name/ Training Program				
Recipient Spouse Dep. Adult					
Attending secondary/post secondary school full-time? Êtes-vous aux études postsecondaires à temps plein?					
No 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

1. Enter the child name and the childcare provider name
2. 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

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 of the Ontario Works Act 1997, sections 7, 8, 15, 57 & 58 for the purposes 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, contact Service Ontario toll-free at 1-888-789-4199 (TTY: 1-800-387-5559) or visit the ministry's web site 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	Renting	Boarding (meals)	Own Home	Institution/Hospital
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New Address

Street Number	Street Name	Unit Number
PO Box	Town/City	New Phone Number
Rural Route	Postal Code	
General Delivery		

Do you have any new housing costs? Attach Receipts for new housing expenses.

	Amount Paid	Start Date (D/M/Y)
New Rent / Boarding / Mortgage Amount		
New Monthly Utility Costs (e.g. Hydro, Insurance)		
New Annual Heating Costs	Oil Gas Electric Wood	

Family Changes

Name	Recipient	Spouse	Dep. Adult	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	Recipient	Spouse	Dep. Adult	Dep. Child

Does any family member have changes in assets (bought, sold, or changed in value)?

Type of Asset	New Value	Start Date

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	Dependent		Recipient	Spouse	Dependent
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