

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 to record all earnings of all family members.

You can avoid submitting a paper Statement of Income by registering for a MyBenefits account.

- Register for a My Benefits account at www.Ontario.ca/Mybenefits. My Benefits is an online service available 24/7 to Ontario residents who receive OW or ODSP. A fast, easy, and secure way to report all income, address changes, see past payments and more.

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 DAY MONTH YEAR ENVOYEZ CETTE CARTE À L'ADRESSE INDIQUÉE CI-DESSOUS DES QUE POSSIBLE APRÈS LE JOUR MOS ANNÉE		REPORT INCOME FOR / REVENUS POUR D/J M/M Y/A TO/A D/J M/M Y/A	
Complete if there is a change in employment Leave blank if no changes to report		Have you <input type="checkbox"/> your spouse <input type="checkbox"/> dep. adult <input type="checkbox"/> Est-ce que vous-même <input type="checkbox"/> conjoint(e) <input type="checkbox"/> adulte à charge <input type="checkbox"/> Avez-vous <input type="checkbox"/> stopped <input type="checkbox"/> started work this month? cessé de <input type="checkbox"/> commencé à travailler ce mois-ci? Name of Employer or Paid Training Program Nom de l'employeur/du programme de formation : _____ Date of <input type="checkbox"/> last <input type="checkbox"/> first pay cheque Date de la <input type="checkbox"/> dernière <input type="checkbox"/> 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	Empl Train Nom prog	Complete if there are earnings Enter the gross and net amount of earnings One column per pay stub Leave blank if no earnings
<input checked="" type="checkbox"/> Recipient Bénéficiaire <input type="checkbox"/> Spouse Conjoint(e) <input type="checkbox"/> Dep. Adult Adulte à charge	Employer Name	Employer Name		Enter the amount for any tips received
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	Enter the amount of any deductions for child support payments or other garnishments taken off of your pay
Gross pay (before deductions/Salaire brut (avant retenues))	Amount / Montant	Amount / Montant	Amo	
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				
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
<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
Gross pay (before deductions/Salaire brut (avant retenues))	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				
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	
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 are declaring Self Employment income
 - You are declaring earned income through MyBenefits
- 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.

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 _____		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 (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 (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 (M/Y) _____						
Other Changes in Circumstances (e.g. shared custody, now person living with you) _____									
Does any family member have changes in income?									
Gross Income	Recipient	Amount	Spouse	Dep.	Gross Income	Recipient	Amount	Spouse	Dep.
Support Payments					Rental Income				
Employment Insurance					Foreign Pension				
WSIS					Private Pension				
CPI/QPP - Retirement					Gifts / Windfalls				
CPI/QPP - Disability					Loans				
CPI/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 _____			