

STATEMENT OF INCOME

Print your first, middle and last name below:

Report all gross and net income received by you and your dependents for the period of the 16th of the previous month to the 15th of the current month. For example, to receive assistance for October, you must report income from August 16th to September 15th.	Complete and return this form to the Ontario Works office no later than the 16th of the current month to avoid delays in processing your assistance for the upcoming month.
If any particulars such as address, telephone number(s), number of persons in family, etc. have changed, write new information below:	

Note: If you have no income to report, indicate "NIL" in the boxes below.

DESCRIPTION	CLIENT	SPOUSE	DEPENDNT	DESCRIPTION	CLIENT	SPOUSE	DEPENDNT	
Earnings				CPP/QPP - Retirement				
								<u>Gross</u>
Gross Farm or Business Income				CPP/QPP - Disability				
Rental Income				CPP/QPP - Survivor				
Private Pensions				Trust / Inheritance				
Gifts / Windfalls				Loans				
OAS / GIS / SA / WSA				WSIB				
GAINS A				Other (specify)				
Insurance Benefits				Training Allowance				
								<u>Gross</u>
Support Payments				Segregated Funds / Annuities / Interest / Dividends				
Foreign Pensions					<u>MALES</u>		<u>FEMALES</u>	
					<u><18</u>	<u>>18</u>	<u><18</u>	<u>>18</u>
				ROOMER(S) AMOUNT: _____				
Employment Insurance				BOARDER(S) AMOUNT: _____				

STATEMENT OF SHELTER & OTHER COSTS

Monthly Rent / Mortgage: _____
 Fuel / Heating Bill: _____
 Child Care Costs: _____

Monthly Board / Lodging: _____
 Utilities: Electric: _____
 Water: _____
 Other: _____

I hereby request continuance of the assistance granted under the Ontario Works Act. I declare that, to the best of my knowledge and belief, I am eligible for such assistance. Reported above is all the income my dependents* and I have received from all sources since my last report.

The information above is true and complete and I understand this form is considered a legal statement.
 * Dependents include your spouse and all dependent persons living with you.

Client's Signature _____ Date _____
 Spouse's Signature _____ Date _____
 Dependent Adult's Signature _____ Date _____