

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 <input type="checkbox"/> Rural Route <input type="checkbox"/> General Delivery		Town/City  Postal CodeNew 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	

MEMBER ID	OFFICE	CASE OWNER
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Direct Bank Deposit  
Authorization

Transit No. (5 digits)

Institution No. (3 digits)

Account Number (up to 12 digits)

Please complete this section and attach an updated copy of your bank statement, as well as your bank information or a voided cheque.

John Doe  
10 Davis Dr.,  
Toronto, ON M2J 5T5

Pay to  
The ORDER of

Bank of Montreal  
3 King St. P.O. Box 66  
Toronto, ON M2J 3T6

«99999» «99 9»9999999«

VOID

VOID

VOID

Cheque Number  
99919

\$

DOLLARS

100

Instructions

" Please print clearly.  
" Do not completeshaded boxes.  
" Form must be signed and dated.  
" Contact your worker if you require assistance to complete this form.

Check here ☐,  
If this is a new account.

Notice with Respect to the Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)  
This information is collected under the legal authority of the Ontario Works Act, 1997, for the purpose of administering employment assistance and basic financial assistance programs. For more information contact the Client Service & Information Unit, Program Support Manager at (416) 397 - 0294.

I hereby authorize Toronto Employment & Social Services to deposit directly to the account indicated above.

Date

This authorization will continue until I give written notice to either change the account number or stop the direct deposit.

Applicant's Signature

I understand the importance of giving accurate banking information to ensure that funds are deposited to the correct account.