

Please detach here



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 <input type="checkbox"/> YES <input type="checkbox"/> NO
		INCOME FOR DAY MONTH YEAR TO DAY MONTH YEAR		
		Have <input type="checkbox"/> you <input type="checkbox"/> your spouse <input type="checkbox"/> dep. adult <input type="checkbox"/> stopped <input type="checkbox"/> started working this month? Name of Employer or Paid Training Program _____ Date of <input type="checkbox"/> last <input type="checkbox"/> first pay cheque _____		

Earnings

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

Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Pay Date	Pay Date	Pay Date	Pay Date	Pay Date
	Amount	Amount	Amount	Amount	Amount
Gross pay (before deductions)					
Net pay (after deductions)					

Deductions

Child or spousal support payments					
Other garnishments to repay a debt					

Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Pay Date	Pay Date	Pay Date	Pay Date	Pay Date
	Amount	Amount	Amount	Amount	Amount
Gross pay (before deductions)					
Net pay (after deductions)					

Deductions

Child or spousal support payments					
Other garnishments to repay a debt					

Child Care Expenses

- Enter the child's name and the child care provider's name
- 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
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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 or the Ontario Works Act, 1997, sections 7, 8, 15 57 & 58 for the purpose 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, please contact ServiceOntario toll-free at 1-888-789-4199 (TTY: 1-800-387-5559) or visit the ministry's website at www.ontario.ca/mcss.

I declare the information here to be accurate and complete.	Signature (Recipient/Trustee)	Date
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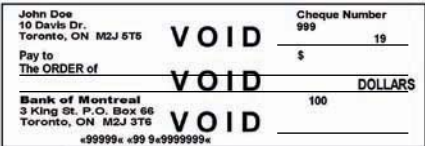
COMPLETE ONLY IF THERE ARE CHANGES TO REPORT and return to your local office BY THE 16th of the month: ATTACH RECEIPTS.
It is your legal obligation to report CHANGES in living arrangements, shelter costs, family size, income or assets.

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 Code _____ New 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) <input style="width:100%;" type="text"/>	Institution No. (3 digits) <input style="width:100%;" type="text"/>	Please complete this section and attach an updated copy of your bank statement, as well as your bank information or a voided cheque.
Account Number (up to 12 digits) <input style="width:100%;" type="text"/>		

Instructions

- " Please print clearly.
- " Do not complete shaded 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. _____