

## 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 O	wner Income Change				
						YES NO				
		·	INCOME FOR	DAY MONTH	YEAR TO	DAY MONTH YEAR				
	Have 🗌 you 🗌 your spouse 🗌 dep. adult									
		stopp	stopped started working this month?							
	Name of Employer or Paid Training Program									
	Date of 🗌 last 🗌 first pay cheque									
Earnings										
1. Complete payment information for ea	ch family member wl	ho is employed or ir	n a paid training p	rogram						
2. If applicable, enter any deductions		1								
Name:	Employer Name/ Training Program	Employer Name/ Training Program	Employer Nan Training Progra	ne/ Employe m Training P		Employer Name/ Training Program				
Recipient Spouse Dep. Adult	Pay Date	Pay Date	Pay Date	Pay Date		Pay Date				
Attending secondary/post-secondary school full time? No Yes	T ay Date	Fay Date	T dy Date	Fay Date		, ay Date				
	Amount	Amount	Amount	Amo	ount	Amount				
Gross pay (before deductions)										
Net pay (after deductions)										
Deductions										
Child or spousal support payments										
Other garnishments to repay a debt										
Name:	Employer Name/ Training Program	Employer Name/ Training Program	Employer Nan Training Progra			Employer Name/ Training Program				
Recipient Spouse Dep. Adult			Dev Dete							
Attending secondary/post-secondary school full time? No Yes	Pay Date	Pay Date Pay Date		Pay Date		Pay Date				
	Amount	Amount	Amount	Amo	ount	Amount				
Gross pay (before deductions)										
Net pay (after deductions)										
Deductions										
Child or spousal support payments										
Other garnishments to repay a debt										
Child Care Expenses										
<ol> <li>Enter the child's name and the child</li> <li>Select the type of child care, licensed</li> </ol>			babysitters) and e	enter the amour	nt					
Child name	Child care provide		Licensed Unlicensed Amount							
	Notice with Respect	t to the Collection of	Personal Informati	on						

(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.

**Changes Report** 

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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.

Street Number         Street Name         Unit Number           PO Box         Rural Route         Town/City	Name				Member	D Office I	D Case O	wner Cha	inges fo	r the month of		
Date Mared       Reading (model)       Own Hame       Institution/Legititatitation/Legititation/Legititation/Legititation/Legititation/Legitit	Have you moved?											
New Address				Rentina	Boarding (m	eals) 🗌 Ow	n Home	Inst	itution/	Hospital		
PO Box       Town/Cby       Post 0 Cos       New Phone Number       Post 0 Cos         Bernal Dubriny       Post 0 Cos       New Phone Number       Post 0 Cos       Start Dubriny         Box       Amount Part       Amount Part       Start Dubriny       Start Dubriny         New Phone Number (costs 2 Attach receipts for more housing expension       Amount Part       Start Dubriny       Start Dubriny         New Annual Heating Costs       Otto       Base       Dept. Adult	New Address					,						
	Street Number Street	Name						Unit N	umber			
Amount Nationals       Pashal Code       New Phone Number         Do you have new housing costs? Attach receipts for new housing expenses.       Arrount Peid       Start Date (DAMY)         New Rent/Boacking/Mortgage Annount       Arrount Peid       Start Date (DAMY)         New Annual Heating Costs (D) (Cass   Electric () Wood       Dep. Adult () Dep. Child         Start Date (DAMY)       Start Date (DAMY)       Start Date (DAMY)         New Annual Heating Costs (Cass moved out, finished school, new taby)       Start Date (DAMY)       Dep. Adult () Dep. Adult () Dep. Child         New Annual Heating Costs (Cass moved out, finished school, new taby)       Start Date (DAMY)       Date returning			Town/City									
Day but have nee housing costs? Allach receipts for new housing expenses.     Amount Paid     Start Date (DuV/V)       Key, Rand Boarding/Morgago Amount     Amount Paid     Start Date (DuV/V)       Were Monthly Utility Costs way, tryers, treasance     Image: I												
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wew Annual Heating Costs (												
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Family Change:												
Name          Perceptent	New Annual Heating Costs	Oil [	Gas Elec	ctric 🗌 Wo	od							
Hecipent     Spouse     Gep. Aduit     Gep. A	Family Changes					1		1				
s a family member leaving Ontario for more than 7 days? Date leaving Date returning Name Date returning Dep. Adult Dep. Child Does any family member have changes in assets (bought or solid or changed in value)? Type of Assot New Value Start Date (b/M/r) Differ Changes in Olrcumstances (e.g. shared custody, new person heing with you) Does any family member have changes in income? Gross Income Repipent Amount Cross Income Repipent Spouse Dep Support Payments Amount Foreign Pension I = Cross Income Repipent Spouse Dep Support Payments Repipent Amount Cross Income Repipent Spouse Dep Support Payments I = Amount Cross Income Repipent Spouse Dep Support Payments Repipent Opcuse Pension I = CPP.OPP - Retirement Grifts / Windtalls I = CPP.OPP - Bability Loans I = CPP.OPP - Survivor I = Insurance Benefits I = GRINS A Other Signature (Recipient/Trustee) Date Midmater No OFFICE CASE OWNER Midmater No OFFICE CASE OWNER Midmater No OFFICE	Name			Rec	ipient	Spouse	Dep. /	Adult	D	ep. Child		
Name	Details of change: (e.g. move	d out, finis	hed school, new	y baby)	Start D	Date (D/M/Y/)	I		<u> </u>			
Name												
Image:	Is a family member leaving Ontario for more than 7 days? Date leaving Date returning											
Does any family member have changes in assets (bought or sold or changed in value)? <ul> <li>Type of Asset</li> <li>New Value</li> <li>Start Date (D)/MV/)</li> <li>Date (D) (MV/)</li> </ul> Differ Changes In Circumstances (e.g. shared custody, new person living with you) <ul> <li>Date (D) (MV/)</li> <li>Date (D) (D) (D) (D) (D) (D) (D) (D) (D) (D)</li></ul>	Name					Spouse		Adult		en Child		
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