

# 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<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER _____ DAY _____ MONTH _____ YEAR |                 | INCOME FOR _____ DAY _____ MONTH _____ YEAR TO _____ DAY _____ MONTH _____ YEAR   |                  |   |
|  |                 | Have <input type="checkbox"/> you <input type="checkbox"/> your spouse <input type="checkbox"/> dep. adult<br><input type="checkbox"/> stopped <input type="checkbox"/> started working this month? |                  |   |
|  |                 | Name of Employer or Paid Training Program _____<br>_____  |                  |   |
|  |                 | 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 \_\_\_\_\_

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

Other (enter only if applicable)

|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Child or spousal support payments  |  |  |  |  |  |
| Other garnishments to repay a debt |  |  |  |  |  |

|   |                                    |                                    |                                    |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Name: _____<br><input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult | Employer Name/<br>Training Program | Employer Name/<br>Training Program | Employer Name/<br>Training Program | Employer Name/<br>Training Program | Employer Name/<br>Training Program |
| Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes         | Date                               | Date                               | Date                               | Date                               | Date                               |
|   | <b>Amount</b>                      | <b>Amount</b>                      | <b>Amount</b>                      | <b>Amount</b>                      | <b>Amount</b>                      |
| Deductions  |                                    |                                    |                                    |                                    |                                    |
| Deductions  |                                    |                                    |                                    |                                    |                                    |

Other (enter only if applicable)

|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Child or spousal support payments  |  |  |  |  |  |
| Other garnishments to repay a debt |  |  |  |  |  |

## Child Care Expenses

- Enter the child name and child care provider 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"/> |        |

|   |                               |      |
|---|-------------------------------|------|
| I declare the information here to be accurate and complete. | Signature (Recipient/Trustee) | Date |
|   |                               |      |

### 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.