

How to complete your Statement of Income

Photocopies of all paystubs must be attached. Review the four areas indicated below.

If you have no income or expenses to report, leave blank.

REMEMBER, your signature and date are required at the bottom (even if the rest of the card is blank).

Must be signed and dated and handed in on or after the 16th of the month.

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
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MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER _____ DAY _____ MONTH _____ YEAR INCOME FOR _____ DAY _____ MONTH _____ YEAR TO _____ DAY _____ MONTH _____ YEAR

Complete if there is a change in employment. Leave blank if no changes to report.

Have you your spouse dep. adult
 stopped started working this month?
 Name of Employer or Paid Training Program _____
 Date of last first pay cheque _____

Earnings

1. Enter all amounts received by cash or cheque or bank deposit 2. Enter Name of Employer or Paid Training Program and paystub date.

Name: Joe Smith	Employer Name/ Training Program Prodigy	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input checked="" type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Date Oct 31/14	Date	Date	Date	Date
Attending secondary/post-secondary school full time? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance	\$500				
Tips and Gratuities	\$0				
Deductions on Paystub					
Income Tax	\$25				
Employment Insurance	\$10				
Canada Pension Plan	\$0				
Union Dues	\$0				
Mandatory Pension Plan	\$0				

Complete if there are earnings. One column per paystub. Attach photocopies of paystubs. Leave blank if no earnings to report.

Child Care Expenses

Complete if there are child care expenses to claim. Attach the Child Care Expenses form signed by the provider. Leave blank if no expenses to claim.

Name: _____	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program	Employer Name/ Training Program
<input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. Adult	Date	Date	Date	Date	Date
Attending secondary/post-secondary school full time? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance					
Tips and Gratuities					
Deductions on Paystub					
Income Tax					
Employment Insurance					
Canada Pension Plan					
Union Dues					
Mandatory Pension Plan					

Child Care Expenses

Child Name	Caregiver Name	Extended Day Program	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)

Sign, date and submit on or immediately after the 16th of the month.

Must be signed even if the rest of the card is blank.

Changes Report (on the back of the Statement of Income)

To be left blank if no change. Complete to report any changes.

Signature and date at the bottom are only required if there is a change reported.

If you declare a change on a Change Report and then submit a blank change report the next month, it will mean that there is no change as of the last change report.

Example: If you declare receiving \$200 support payment on your September change report, this amount will continue to be deducted unless you report another change.

Changes Report

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	Town/City _____						
<input type="checkbox"/> Rural Route	Postal Code _____ New Phone Number _____						
<input type="checkbox"/> General Delivery							
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 _____
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