

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 |
| 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 <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

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

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.