

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 00253 | 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 | | |
| THE CORPORATION OF THE CITY OF STRATFORD ONTARIO WORKS DEPARTMENT 82 ERIE STREET 1ST FLOOR STRATFORD, ONTARIO N5A 2M4 | | 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 garnishments

| | | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 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 | Date | Date | Date | Date | Date |
| | Amount | Amount | Amount | Amount | Amount |
| Gross pay (before deductions) | | | | | |
| Net pay (after deductions) | | | | | |

Garnishments (enter only if applicable)

| | | | | | |
|------------------------------------|--|--|--|--|--|
| 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 | Date | Date | Date | Date | Date |
| | Amount | Amount | Amount | Amount | Amount |
| Gross pay (before deductions) | | | | | |
| Net pay (after deductions) | | | | | |

Garnishments (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.

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 <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 |
|--|-------------------------------|------|