

# 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				
<b>Haldimand and Norfolk Social Services Division</b>  <b>P.O. Box 570</b>  <b>Simcoe, Ontario</b>  <b>N3Y 4N5</b>			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](http://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		
<b>Have you moved?</b>							
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 _____					
<b>Do you have new housing costs? Attach receipts for new housing expenses.</b>							
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							
<b>Family Changes</b>							
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)							
<b>Does any family member have changes in income?</b>							
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