

## 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

- Complete payment information for each family member who is employed or in a paid training program
- If applicable, enter any deductions

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
	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Gross pay (before deductions)					
Net pay (after deductions)					

#### Deductions (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  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
	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Gross pay (before deductions)					
Net pay (after deductions)					

#### Deductions (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](http://www.ontario.ca/mcss).