

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 Applicant's 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		
District Social Services Administration Board 1 Beechwood Drive Parry Sound, Ontario P2A 1J2		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: Person With Earnings	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					
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 Earnings/Training Allowance	1 st Pay Stub	2nd Pay Stub	3rd Pay Stub	4th Pay Stub	5th Pay Stub
Tips and Gratuities					
Deductions on Paystub					
Income Tax					
Employment Insurance					
Canada Pension Plan					
Union Dues					
Mandatory Pension Plan					
Name: 2nd Person With Earnings	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					
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 Earnings/Training Allowance	1 st Pay Stub	2nd Pay Stub	3rd Pay Stub	4th Pay Stub	5th Pay Stub
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.