Government
of
Saskatchewan
Ministry of Social Services

Monthly Farm Income and Expense Report

Name: _____ Case Number: _____

Address: _____ Postal Code: _____

Report for the month of _____ Phone Number: _____

Grain Sold This Month

Type of Grain Sold	Bushels Sold	Grade	Bushels Being Held	Date Last Sold	Income Received

Hay Sold

Number of Bales at Start of Month	Less Used For Feed	Less Bales Being Held	Bales Sold	Date Last Sold	Income

1211   Rev 11/06

Livestock Sold

Type of Livestock	# at Start of Month	Add # Produced	Add # Purchased	Less # Died	Less # Butchered	Less # Sold	# on Hand at Monthend	Date Last Sold	Income

Other Income	Date Received	Income
Wheat Board Payments		
Other Crop Payments		
Cash Rent		
Cream/Milk/Eggs Sales		
Crop Insurance/Grip Payments		
Custom Work - received		
Farm Fuel Rebate		
GST (Farm Rebates)		
Marketing Board Payments		
NISA Withdrawals		
Oil Lease/Producer Dividends		
Patronage Dividends		
Other Income (specify)		
Other Income (specify)		

Total Gross Income $

Allowable Farm Expenses Paid - Verified (include GST)

Type of Expense	Date Paid	Expenses
Accounting/Legal		
Advertising		
Banking Services		
Building Repairs (not home)		
Chemical Fertilizer		
Custom Work		
Feed Purchased		
Fence Repairs		
Fire Insurance		
Insurance (Crop/Hail)		
Land/Pasture Rental		
Livestock Purchased		
Machinery/Farm Truck: - Licences		
- Fuel		
- Repairs		
Mortgage Interest		
Office & Postage		
Seed Cleaning/Purchased		
Small Tools/Hardware		
Taxes		
Trucking		
Twine		
Vet Fees & Supplies		
Wages Paid		
Other (specify)		

Paid Expenses **$** _____

Gross Income _____

Less: Paid Expenses _____

Net Income for Month _____

I state that the information given in this Monthly Farm Income and Expense Report, is true, correct and complete and that I have not withheld any information which may have an effect on my social assistance benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

My Rights and Responsibilities

I have the right to the protection of my personal information pursuant to The Freedom of Information and Protection of Privacy Act and The Health Information Protection Act. I have the right to access my personal information in the possession or control of the department.

I understand that the information provided in this application will be retained and disposed of in accordance with The Archives Act of the Province of Saskatchewan.

I am aware that I may appeal the assessment of my eligibility or the calculation of my benefits.

I agree to report to Community Resources any changes in my circumstances, or the circumstances of my family members, that may effect my eligibility for assistance or the eligibility of family members. I understand some examples of such changes include changes in address, receipt or expected receipt of money, goods or other assets from any source, needs, number of family members, and marital status including common-law relationships. If I am in doubt as to whether any change in circumstances will effect eligibility, I agree to report this to Community Resources.

I, as applicant, understand that any payments I receive for which I am not entitled, will be deducted from future payments. I understand that excess payments result from a failure to report changes. I understand I am also responsible for re-paying excess payments which result from my spouse's failure to report changes. I must make every effort to be self supporting. I understand this includes pursuing employment and child support, participating in training or attending educational programs or obtaining income from other sources.

Client Consent

I give consent to Community Resources to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members for social assistance. I understand such information includes needs, money received from any source, assets, marital status (including common-law relationships), and living arrangements of myself or family members.

I give consent to any person having such information or documents to release them upon written or verbal request to employees of the Department of Community Resources. I understand examples include, but are not restricted to, information or documents from: Human Resources and Skills Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers. I give consent to use my Social Insurance Number and the Health Services Number for myself and my family members for purposes of determining our eligibility for benefits.

I give consent to Community Resources to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to, Canada Revenue Agency, Department of Learning, Advanced Education and Employment, Workers' Compensation Board, Canada Pension Plan, Sask Power, Sask Energy, Indian Bands, Public Trustee and other provincial social assistance programs. I give consent to disclose and use my information for evaluation and research to improve programs and services.

I authorize Canada Revenue Agency to release to Community Resources any information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the social assistance program under The Saskatchewan Assistance Act. This authorization is valid for the taxation year prior to the year of signature and each subsequent consecutive taxation year for which benefits are requested.

Date _____ / _____ / _____   _____   _____
      Year   Month   Day   Signature of Client   Signature of Spouse (if present)

                                  _____   _____
                                    Signature of Trustee   Witness (if signed by mark)