

Income Estimate Form - *(Important - Please review the checklist on the back of this form)*

Applicant Name: _____	Spouse Name: _____
Personal Health Number: _____	Personal Health Number: _____

Provide the year that the Income Estimate is for: _____ *(January to December)*

Previous Year	Estimated Year		Previous Year	Estimated Year
\$ _____	\$ _____	Old Age Security	\$ _____	\$ _____
\$ _____	\$ _____	Net Federal Supplements (Guaranteed Income Supplement, Spouse Allowance)	\$ _____	\$ _____
\$ _____	\$ _____	Canada Pension Plan	\$ _____	\$ _____
\$ _____	\$ _____	Private or Foreign Pensions (in \$CDN)	\$ _____	\$ _____
\$ _____	\$ _____	Seniors Benefit/Social Assistance	\$ _____	\$ _____
\$ _____	\$ _____	Investment and Interest Income	\$ _____	\$ _____
\$ _____	\$ _____	Taxable Dividends	\$ _____	\$ _____
\$ _____	\$ _____	Worker's Compensation	\$ _____	\$ _____
\$ _____	\$ _____	Canada Pension Plan Disability	\$ _____	\$ _____
\$ _____	\$ _____	Canada Pension Plan Death Benefit	\$ _____	\$ _____
\$ _____	\$ _____	Employment Income	\$ _____	\$ _____
\$ _____	\$ _____	Description of Work _____		
\$ _____	\$ _____	Employment Insurance	\$ _____	\$ _____
\$ _____	\$ _____	Alimony/Maintenance Received	\$ _____	\$ _____
\$ _____	\$ _____	Taxable Capital Gains	\$ _____	\$ _____
\$ _____	\$ _____	RRSP Income	\$ _____	\$ _____
\$ _____	\$ _____	Other Income (i.e., Net Rental etc)	\$ _____	\$ _____
\$ _____	\$ _____	Total Income <i>(Please total above income amounts)</i>	\$ _____	\$ _____
		<u>Other</u>		
\$ _____	\$ _____	Registered Pension Plan contributions	\$ _____	\$ _____
\$ _____	\$ _____	RRSP Contributions	\$ _____	\$ _____
\$ _____	\$ _____	Employment commission expenses	\$ _____	\$ _____

I declare that to the best of my knowledge, the information provided is true and complete. I acknowledge that any difference between the estimated income provided and my actual income may result in receiving funds to which I am not eligible and which I may be required to repay.

Signature	Date	Signature	Date
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Check List: Please review the following items to ensure the form is complete

Please below.

1. Explanation for decrease in income and date of event; please provide below

Event that caused the decrease in income: (for example; Retirement) <hr/> <hr/> <hr/> <hr/> Date of the Event _____

2. Estimated income year is provided (calendar year)
3. Income is provided in **annual** amounts (January to December) – i.e. taxation year
4. Both the previous year’s actual income and the estimated income are provided
5. Any foreign income amounts are in Canadian currency
6. Income has been totalled
7. You and your spouse (if applicable) have signed and dated the form

Please note: If after submitting this Income Estimate form you receive income that was not included with your estimate, (i.e. cashing in an investment, returning to work, etc.) please contact our office so that your estimated income can be amended.

Questions?

Please call the Alberta Supports Contact Centre toll-free 1-877-644-9992 or in Edmonton 780-644-9992.

Collection of Personal Information

The personal information provided to the Ministry of Seniors and Housing, including information provided by the Canada Revenue Agency (CRA), is collected under the authority of the *Seniors Benefit Act (RSA 2000)*, *Seniors Benefits Act General Regulation*, and the *Freedom of Information and Privacy (FOIP) Act (RSA 2000)* and will be managed in accordance with the *FOIP Act*. The information will be used for the purpose of administering the Alberta Seniors Financial Assistance Programs, including the Alberta Seniors Benefit, Special Needs Assistance for Seniors, and the Dental and Optical Assistance for Seniors programs.

If you have any questions about the collection of this information, you can contact:

Ministry of Seniors and Housing
Seniors Services Division
PO Box 3100
Edmonton, Alberta, Canada T5J 4W3

Telephone (toll-free in Alberta): 1-877-644-9992 or 780-644-9992 in the Edmonton area.
Fax: 780-422-5954