

# 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 00101	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 16 MONTH YEAR			INCOME FOR DAY 16 MONTH YEAR TO DAY 15 MONTH YEAR	
<b>Peterborough Social Services</b> <b>178 Charlotte St., PO Box 4138</b> <b>Peterborough ON K9J 8S1</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				
	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance					
Tips and Gratuities					
<b>Deductions on Paystub</b>					
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				
	Date	Date	Date	Date	Date
	Amount	Amount	Amount	Amount	Amount
Gross Earnings/Training Allowance					
Tips and Gratuities					
<b>Deductions on Paystub</b>					
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.

## Changes Report

**COMPLETE ONLY IF THERE ARE CHANGES TO REPORT** and return to you 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	Town/City _____						
<input type="checkbox"/> Rural Route	Postal Code _____ New Phone Number _____						
<input type="checkbox"/> General Delivery							
<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 _____		