

# Income Declaration Statement



REPORTING PERIOD: \_\_\_\_\_  
MONTH YEAR

CASE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_

**PLEASE NOTE - ALL INCOME OTHER THAN INCOME ASSISTANCE MUST BE REPORTED. IN THE CHART BELOW, EITHER CHECK "NO" OR REPORT THE AMOUNT RECEIVED THIS MONTH FOR EACH TYPE OF INCOME. EVERY QUESTION MUST BE ANSWERED EVEN IF "NO" APPLIES.**

| TYPE OF INCOME   | NO                       | MONTHLY INCOME | TYPE OF INCOME  | NO                       | MONTHLY INCOME |
|--|--------------------------|----------------|---|--------------------------|----------------|
| <b>Wages</b> (before deductions)   | <input type="checkbox"/> |                | <b>Autopac</b>  | <input type="checkbox"/> |                |
| <b>Tips and Gratuities</b>   | <input type="checkbox"/> |                | <b>Life/Disability Insurance</b>  | <input type="checkbox"/> |                |
| <b>Family Day Care Operator</b>  | <input type="checkbox"/> |                | <b>Maintenance/Child Support</b>  | <input type="checkbox"/> |                |
| <b>Self-Employment</b><br>includes: caretaking<br>child care/babysitting<br>commission income<br>farm income<br>fur/fish sales | <input type="checkbox"/> |                | <b>Pension Income</b><br>includes: Canada Pension Plan<br>(retirement, disability,<br>survivor's/orphan's benefits) | <input type="checkbox"/> |                |
| <b>Back Pay/Vacation Pay</b>   | <input type="checkbox"/> |                | Old Age Security<br>Guaranteed Income Supp.<br>Spouse's Allowance   | <input type="checkbox"/> |                |
| <b>Employment Insurance</b>  | <input type="checkbox"/> |                | War Veterans Allowance<br>Private Pension   | <input type="checkbox"/> |                |
| <b>Workers Compensation</b>  | <input type="checkbox"/> |                | <b>Property Revenue</b><br>includes: boarder income<br>roomer income<br>property rental                             | <input type="checkbox"/> |                |
| <b>Education/Training Support</b><br>includes: educational bursary<br>student loan<br>training allowance                       | <input type="checkbox"/> |                | <b>Other Income</b> (Specify)   | <input type="checkbox"/> |                |
| <b>Winnings, Gifts</b><br>(bingos, lotteries, slot machines)   | <input type="checkbox"/> |                |   |                          |                |

**EMPLOYMENT INFORMATION:**

Current occupation \_\_\_\_\_ **Pay period** Weekly  Monthly  Every two weeks  Twice a month

Date employment began \_\_\_\_\_ **Next Pay Date** \_\_\_\_\_

Number of days worked this month \_\_\_\_\_

**NOTE: If the pay date is not indicated on a pay stub, please write the date you received the cheque on the pay stub.**

If you left your employment this month, indicate the date your employment ended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please attach a copy of your "Record of Employment" (separation slip) and written confirmation from Employment Insurance (EI) that you have applied for EI benefits.

