

CLIENT'S NAME	MEMBER I.D.	OFFICE	CASE ORG	MONTH	DBD OVERRIDE	INCOME CHANGE	INITIALS
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

REPORT ALL GROSS INCOME RECEIVED BY YOU AND YOUR DEPENDANTS FOR THE FOLLOWING PERIOD.

DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR
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AND

MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER

DAY	MONTH	YEAR
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INCOME REPORTING STATEMENT

MAIL INCOME REPORTING STATEMENT TO:

I request the continuation of the assistance provided to me under the Ontario Works Act. I declare that to the best of my knowledge and belief:

- I am eligible for such assistance;
- I have reported all of the income of myself, my spouse and any other dependant persons regardless of age living with me;
- Any changes in my address, phone number, living arrangements, persons living with me or assets are reported on this form;
- All information stated is true and correct and no requested information has been withheld or omitted.

If there have been changes in your circumstances relating to family members, living arrangements, assets or expenses, please note these below. If you no longer require assistance, please indicate why, and return this form to your Caseworker.

SIGNATURE	DATE
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(SEE REVERSE SIDE)

V-10-040 08/07

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V-10-040 08/07

STATEMENT OF INCOME / DÉCLARATION DE REVENU

NOTE: IF YOU HAVE NO INCOME TO REPORT, INDICATE "NIL" IN THE BOXES BELOW.
REMARQUE: SI VOUS N'AVEZ AUCUN REVENU À DÉCLARER, INSCRIVEZ "NÉANT" DANS LES CASES CI-DESSOUS.

DESCRIPTION	GROSS AMOUNT / MONTANT BRUT			DESCRIPTION	GROSS AMOUNT / MONTANT BRUT		
	PARTICIPANT PARTICIPANT(E)	SPOUSE CONJOINT(E)	DEPENDANT PERS. À CH.		PARTICIPANT PARTICIPANT(E)	SPOUSE CONJOINT(E)	DEPENDANT PERS. À CH.
EARNINGS GAIN	GROSS / BRUT			CPP/QPP - RETIREMENT RPC/RRQ - RETRAITE			
	NET			CPP/QPP - SURVIVOR RPC/RRQ - SURVIVANT			
TIPS AND GRATUITIES POURBOIRES ET GRATIFICATIONS				CPP/QPP - DISABILITY RPC/RRQ - INVALIDITÉ			
RENTAL INCOME REVENU DE LOCATION				WAR VETERANS ALLOWANCE ALLOC. D'ANCIEN COMBAT.			
PRIVATE PENSIONS RÉGIME PRIVÉS DE PENSION				GROSS FARM INCOME REVENU DE LA FERME BRUT			
OAS / GIS SV / SRG				TRAINING ALLOWANCE ALOC. DE FORMATION	GROSS / BRUT		
GAINS RRAG					NET/NETTE		
PRIVATE INSURANCE ASSURANCE PRIVÉE				LOANS, GIFTS, OTHER (SPECIFY) PRÊTS, CADEAUX, AUTRE (PRÉCISER)			
SUPPORT PAYMENTS PENSION ALIMENTAIRE				INCOME/REVENU	NO. OF MALES Nbre D'HOMMES	NO. OF FEMALES Nbre DE FEMMES	TOTAL AMOUNT MONTANT TOTAL
FOREIGN PENSIONS PENS. D'UN PAYS ÉTRANGER				ROOMERS LOCATAIRES			
EMPLOYMENT INSURANCE ASSURANCE-EMPLOI				BOARDERS PENSIONNAIRES			
WSIB PERM./TEMP. CSPAAT PERM./TEMP.							

IN ORDER TO AVOID ANY INTERRUPTION IN THE PAYMENT OF YOUR ASSISTANCE, COMPLETE THIS FORM AND **RETURN BY THE DATE SHOWN ON THE REVERSE.**

AFIN D'ÉVITER TOUTE INTERRUPTION DU PAIEMENT DE VOS PRESTATIONS, VOUS DEVEZ REMPLIR CETTE CARTE ET **L'ENVOYER À LA DATE INDIQUÉE AU VERSO.**

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