

# CHANGES REPORT

Complete only if there are changes to report and return to your local office as soon as possible: **Attach receipts.**  
It is your legal obligation to report **changes** in living arrangements, shelter costs, family size, income or assets.



NAME				MEMBER ID			
Caseworker				Changes effective the month of			
<b>Have you moved?</b>							
Date moved		<input type="checkbox"/> Renting		<input type="checkbox"/> Boarding (includes meals)		<input type="checkbox"/> Own home	
<input type="checkbox"/> Institution/hospital							
<b>New address</b>							
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? Attached receipts for new housing expenses.</b>				Amount paid		Start date (D/M/Y)	
New Rent/boarding/mortgage amount							
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 a family member have changes in assets (bought or sold or changed in value, bank accounts, etc.)?			
Type of asset		Old value		New value			
Other changes in circumstances (shared custody, new person living with you, new Ontario Health Card, etc.)							
<b>Does any family member have changes in income?</b>							
Gross income	Amount			Gross income	Amount		
	Recipient	Spouse	Dep.		Recipient	Spouse	Dep.
Employment Insurance				Roomer income			
Support payments				Boarder income			
Gifts/windfalls				Rental income			
Loans				Foreign Pension			
WSIB				Private Pension			
CPP/QPP – Retirement				Trust/inheritance			
CPP/QPP – Disability				Segregated funds/annuities			
CPP/QPP – Survivor				Interest/dividends			
OAS/GIS				Insurance benefits			
GAINS A				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	