

STATEMENT OF INCOME

Unless you have been told otherwise, you have two options: Attach your paystubs or 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			
Caseworker	Income change <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit month			
Report income received from the 16th of the previous month to the 15th of the current month.					
Mail this form to the address below after the 15th of the month.					
<input type="checkbox"/> Kitchener Ontario Works 235 King Street East, Kitchener ON N2G 2N5	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?				
<input type="checkbox"/> Waterloo Ontario Works 99 Regina Street South, Waterloo ON N2J 4V6	Name of employer or paid training program				
<input type="checkbox"/> Cambridge Ontario Works 150 Main Street, Cambridge ON N1R 6P9	Date of <input type="checkbox"/> last <input type="checkbox"/> first pay cheque				
Earnings					
1. Complete payment information for each family member who is employed or in a paid training program					
2. If applicable, enter any deductions					
Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. adult Attending secondary/post-secondary school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount
Gross pay (before deductions)					
Net pay (after deductions) (add tips)					
Deductions (enter only if applicable)					
Child or spousal support payments					
Other garnishments to repay a debt					
Name: _____ <input type="checkbox"/> Recipient <input type="checkbox"/> Spouse <input type="checkbox"/> Dep. adult Attending secondary/post-secondary school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount	Employer name/ training program Date _____ Amount
Gross pay (before deductions)					
Net pay (after deductions) (add tips)					
Deductions (enter only if applicable)					
Child or spousal support payments					
Other garnishments to repay a debt					
Child care expenses					
1. Enter the child name and child care provider name					
2. Select the type of child care, licensed (most day cares) or unlicensed (most babysitters) and enter the amount					
Child name	Child care provider name	Licensed	Unlicensed	Amount	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
I declare that 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 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.