

CHILD SUPPORT

RENTAL INCOME

HR0081 (17/10/27)

WORKBC FINANCIAL SUPPORT

ROOM / BOARD INCOME

STUDENT FUNDING (EG: LOANS, BURSARIES)

ALL OTHER INCOME OR MONEY RECEIVED

PLEASE EXPLAIN ALL CHANGES INCLUDING INCOME

MONTHLY REPORT

TO CONTINUE TO RECEIVE ASSISTANCE: COMPLETE THIS FORM AND SUBMIT TO THE MINISTRY BY THE 5TH OF NEXT MONTH, OR ONLINE THROUGH YOUR MY SELF SERVE ACCOUNT (MYSELFSERVE.GOV.BC.CA)

Declaration: I understand that the ministry may disclose this information to verify continuing eligibility for assistance under the above Acts and Regulations. I declare that all of the

information provided on this form to the Ministry of Social Development and Poverty Reduction is true and complete

Notice: Information on this form is collected under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation and will be used for verification of continuing eligibility for assistance. The accuracy of the information provided on this form will be checked by comparing it against information held by other provincial, federal and private agencies. Collection, use and disclosure of the information is as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact the ministry.

APPLICANT 1 SIGNATURE DATE APPLICANT 2 SIGNATURE DATE PRINT NAME PRINT NAME TELEPHONE SOCIAL INSURANCE NUMBER TELEPHONE SOCIAL INSURANCE NUMBER **NEXT CHEQUE** ISSUE BENEFIT MONTH TOTAL ALLOWANCE SHELTER PORTION INCOME DECLARED INCOME DEDUCTED OTHER DEDUCTIONS TOTAL CHEQUE CASE ID CASELOAD SINCE YOUR LAST DECLARATION: ARE YOU STILL IN NEED OF ASSISTANCE? YES NO HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS? YES NO ANY CHANGES TO YOUR SHELTER COSTS? YES ไพด Applicant 1 Applicant 2 ANY CHANGES IN DEPENDANTS OR PERSONS LIVING IN THE HOME? NO YES YES ATTENDING / ENROLLED IN SCHOOL / TRAINING? lyes ในด ОиГ Applicant 2 ARE YOU LOOKING FOR WORK? Пио YES Ινο ANY EMPLOYMENT CHANGES? YES Ινο YES ٦νο YES HAVE YOU MOVED OR ENTERED A FACILITY? YES NO YES NO ANY OUTSTANDING WARRANTS FOR YOUR ARREST? lyes lno DECLARE ALL INCOME (Submit proof) ENTER "0" IF NONE AMOUNT AMOUNT INCOME DESCRIPTION INCOME DESCRIPTION Applicant 1 Applicant 2 Applicant 1 Applicant 2 EMPLOYMENT INCOME WORKERS' COMPENSATION EMPLOYMENT INSURANCE PRIVATE PENSIONS (EG: RETIREMENT, DISABILITY) SPOUSAL SUPPORT / ALIMONY TRUST INCOME

OAS / GIS

CANADA PENSION PLAN (CPP)

TAX CREDITS (EG: GST CREDIT)

INCOME OF DEPENDENT CHILDREN

OPC 7530903053 (250/Pk)

CHILD TAX BENEFITS

INCOME TAX REFUND