



Cheque Month: \_\_\_\_\_

Date Stamp

Staff Initial:

## Income Assistance Monthly Renewal Declarations

### INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED

If you require continued Income Assistance, please complete this form and return to Community Services Office, 1900 Quail Lane **BEFORE Due Date Each Month.**

**MUST BE RETURNED BY:**

NEXT CHEQUE PICK UP DATE: \_\_\_\_\_

1. Are you still in need of Income Assistance?  YES  NO
2. Has your marital/employment situation changed?  YES  NO

If yes, explain:

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3. List any changes in your living situation: (e.g. address change, rent, etc.)

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4. Are you registered with the WFN Employment Centre?  YES  NO
5. Have you had any earned or unearned income this month?  YES  NO
6. Has there been any change in assets?  YES  NO

If yes, complete:

Earnings	
Child Tax Benefit	
Maintenance	
EI	
Other (Specify)	
<b>TOTAL</b>	

Property	
Sign Rental	
Lease	
Other (Specify)	
<b>TOTAL</b>	

7. Is there any change in your number of dependants or their school status?  YES  NO

If yes, explain: \_\_\_\_\_

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**APPLICANT: PLEASE FILL OUT THE FOLLOWING QUESTIONS**  
**Circle M/F, Fill in age of dependants, circle education: grade school or post-secondary**

APPLICANT			CHILDREN	
1. Male/Female	Age:	Grade/Post	1. Male/Female	Age:
2. Male/Female	Age:	Grade/Post	2. Male/Female	Age:
3. Male/Female	Age:	Grade/Post	3. Male/Female	Age:
4. Male/Female	Age:	Grade/Post	4. Male/Female	Age:
			5. Male/Female	Age:

I declare that this is a true statement concerning my monthly income, assets, marital, employment and family status. I give permission for this information to be verified and I consent to a report being obtained for any reporting agency for that purpose

Print Name Clearly	Signatures	Date
	<b>Applicant:</b>	
	<b>Spouse:</b>	