



Date Stamp:

Staff Initial: _____

INCOME ASSISTANCE MONTHLY RENEWAL DECLARATION

If you require continued Income Assistance, you must **fully** complete this form and return it to:
Community Services - 1900 Quail Lane
BEFORE THE 15TH OF EVERY MONTH

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

If YES, please explain: _____

3. List any changes in your living situation (*ex. address change, rent, etc.*):
- _____
- _____

4. Have you had any earned or unearned income this month? YES NO
5. Has there been any change in assets? YES NO

If YES, please complete:

Earnings		Property	
Child Tax Benefit		Sign Rental	
Maintenance		Lease	
EI		Other (Specify)	
Other (Specify)		TOTAL	
TOTAL			

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

If YES, please explain: _____

APPLICANT: PLEASE FILL OUT THE FOLLOWING QUESTIONS

Check M or F & Education Level (Grade School or Post-Secondary); Fill in Age of Dependents

APPLICANT:

CHILDREN:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____	<input type="checkbox"/> Grade School	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____	<input type="checkbox"/> Grade School	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____	<input type="checkbox"/> Grade School	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____	<input type="checkbox"/> Grade School	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____

I declare that this is a true statement concerning my monthly income, assets, and 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.

Applicant Name (print clearly)

Signature

Date

Spouse Name (print clearly)

Signature

Date