Statement of Income & Changes Report for Ontario Works Easy Steps to Complete

Please read this form carefully with your Case Manager to learn how to complete your Statement of Income & Changes Report

Each month you are eligible you will receive a Statement of Income & Changes Report. If you lose your copy you can get a new one from reception staff in our office or online at our website at http://www.peterborough.ca/socialservices.

- Please note that if this form is not filled out correctly it will be mailed back to you for corrections and can delay your assistance.
- ➢ If you are requested to submit a Statement of Income & Changes Report, it is due each month on the 16th.
- 1) If you have **no** income to report, you need to check the box that says no under "income change" and sign and date the bottom of the form.
- 2) As per policies, **all earnings must be declared.** If you have earnings to declare you need to check the box that says yes under "income change".

					Statemen	t of Incom	e
Unless you have been told otherwise, you have two options	s: Attach y	our pays	stubs and receip	ts OR Fill in the	e information be	low and	
keep your paystubs and receipts in case we ask to see them in	n the future						
Name		\neg	Member ID	Office ID	Case Owner	Income Chang	e
						TYES NO	0
						\ \	1
MAIL THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE AFTER	DAY MO	NTH YE	AR INCOME FOR	DAY MONTH	YEAR TO DAY	MONTH YEA	1
			Have	you 🔲 your s	pouse dep.	adult	Read steps
			stopp	ed started	working this mo	onth?	1 & 2 to
				_	id Training Progr		complete
			Ivallie of E	ilipioyei oi Fai	u Iralilliy Flogi	dili	•
							this section
			Date of	last first	pay cheque		

- 3) You only need to report your **gross** and **net** earnings. **Gross pay** is what you earned **before any deductions**. **Net pay** is what you earned **after any deductions**. The only **deductions** you need to enter is if your pay has deductions **for child or spousal support payments or another garnishment to repay a debt.** The gross pay, net pay and deductions must be filled out with the information on your paystubs. Please attach copies of your paystubs. You can use the photocopier for free in our office.
 - **Please note: you must attach copies of your paystubs for the first 3 months of employment. Always keep your paystubs as they may be requested in the future.

						1
Earnings						
1. Complete payment information for ea	ch family member w	ho is employed or in	a paid training progr	am		1
2. If applicable, enter any deductions						
Name:	Employer Name/ Training Program]				
Recipient Spouse Dep. Adult						
Attending secondary/post-secondary						Read step #3
school full time? No Yes	Date	Date	Date	Date	Date	to complete
	Amount				*	this section
Gross pay (before deductions)						
Net pay (after deductions)						
Deductions (enter only if applicable)]
Child or spousal support payments						
Other garnishments to repay a debt]

- 4) If you have child care costs to declare, you can declare them at the bottom of this form.
 - * Remember to keep all of your childcare receipts as they may be requested in the future.

Child Care Expenses	'		'		
Enter the child name and child care and child care select the type of child care, licenses.	provider name d (most day cares) or unlicensed (most babysitters) and	enter the a			Dood stop #4
Child name	Child care provider name	Licensed	Unlicensed	Amount	Read step #4 to complete
					this section

Name Have you moved? Date Moved New Address Street Number Street	osingation to repor			Member ID	Office ID	Case Owner			
Date Moved New Address									h of
Date Moved New Address						Control of the control			N
New Address		Пв	enting [Boarding (Me	eals) \square O	wn Home	☐ Institu	ution/Hosp	_/
Street Number Stree				3 31				•	Rea
	t Name					Ü	Jnit Numbe	r	com this s
□ РО Вох	Tow	n/City			*		4		
Rural Route General Delivery	Post	al Code		New	Phone Number				
Do you have new hous	ing costs? Att	ach receipts	for new h	ousing expe	nses.				
		•			Amount Pa	aid	Start Date	e (D/M/Y)	
New Rent/Boarding/Mortgag	e Amount		cásséalta						
New Monthly Utility Costs (e	e.g. Hydro, Insuranc	е)							
			1200000				196	P	
New Annual Heating Costs		Oil 🗌 Gas	Electric	Wood		ĺ			
The Changes Repor	•								
amily Changes					7.0	I Day	4 1 4		- 61:31
			Reci		Spouse	Dep	. Adult	L De	p. Chil
etails of change (e.g. moved	i out, imistred scr	iooi, new baby	,	Stat	t Date (D/M/Y)				
	-Ai- f Al-	7 days0	Data lassis			Data ratur	nina	-	
a family member leaving Or	ntario for more th	an / days /	Date leavir	ig		Date retur	g		c
ame			Reci	pient	Spouse	Dep	. Adult	De	p. Chi
		ata /hacabt as	sold or char	and in value)	?				
oes any family member hav	e changes in ass	ets (bought or	3010 01 01101	iged in value)	·				
oes any family member have	e changes in ass		3010 01 01101	iged in value)	New Value		Start D	ate (D/M	Y)
oes any family member have			3010 01 01101	iged in value)			Start D	ate (D/M	Υ)
	Type of Ass	set					Start D	ate (D/M	Υ)
	Type of Ass	set					Start C	Date (D/M	^)
ther Changes in Circumstar	Type of Associates (e.g. shared	custody, new	person living	g with you)	New Value		nber to	report	
ther Changes in Circumstar Below is where you hanges	Type of Associates (e.g. shared	custody, new	person living	g with you)	New Value		nber to		
Below is where you hanges Does any family memior of the process o	Type of Associates (e.g. shared	custody, new any incor	person living	ge for you	New Value ur family. *	Remem	nber to	report	all inc
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5) You must sign and date this form in pen whether you have income to declare or not.