



### SOCIAL ASSISTANCE MONTHLY RENEWAL DECLARATION

#### PRIVACY ACT STATEMENT

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA/P-PU-020 and is protected under the provisions of the Privacy Act.

If you require continued Social Assistance, please complete this form and return to your local administering Authority at least 2 weeks before the next cheque issue.

1. Are you still in need of Social Assistance?  Yes  No

2. Has your marital / employment situation changed?  Yes  No

If yes, explain change \_\_\_\_\_

3. List any changes in your living situation (e.g. address, rent, etc.). Submit new receipts.



This monthly declaration is necessary to determine your eligibility for the following month's income assistance benefits. If you do not submit the declaration or it is late, a cheque may not be printed. Please include, job search, rent receipts, pay stubs, EI documents and any other requesting or required documentation with this document.

4. Have you had any earned or unearned income this month? 5. Has there been any change in your assets?

Yes  No

If yes, complete  Yes  No

If yes, complete

> Earnings	\$
> Family Allowance	\$
> Maintenance	\$
> Unemployment Insurance	\$
> Total	\$

> Bank Account	\$
> Property	\$
> Other (specify)	\$
> Total	\$

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

If yes, explain the change(s) \_\_\_\_\_

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 from any reporting agency for that purpose.

Band Name	Status #	Signature	Date
		Signature of Spouse	Date

PLEASE PRINT YOUR NAME HERE:

MONTHLY DECLARATIONS, JOB SEARCHES and any other documentation must be dropped off at the Health Centre by the 20<sup>th</sup> of each month.