Monthly Report
Avoid delays, submit by the 5th

5th

BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

The personal information requested on this form is collected by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Employment and Assistance Act and Employment and Assistance for Persons with Disabilities Act. If you have any questions about the collection, use or disclosure of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

1. 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	☐ No
Any changes in Dependants or Persons living in the home?	☐ Yes	☐ No

	Applicant		Spouse	
Any employment changes?	☐ Yes	☐ No	☐ Yes	☐ No
Are you attending / enrolled in school or training?	☐ Yes	☐ No	☐ Yes	☐ No
Are you looking for work?	☐ Yes	☐ No	☐ Yes	☐ No
Have you moved or entered a facility?	☐ Yes	☐ No	☐ Yes	☐ No
Any outstanding warrants for your arrest?	☐ Yes	☐ No	☐ Yes	☐ No

Please explain all changes including income and submit proof:

2. Declare all income and submit proof. Enter "0" if none.

	Applicant	Spouse
Net Employment Income	$	$
Employment Insurance	$	$
Spousal Support / Alimony	$	$
Child Support	$	$
WorkBC Financial Support	$	$
Student Funding (eg: Loans, Bursaries)	$	$
Rental Income	$	$
Room / Board Income	$	$
Worker's Compensation	$	$
Private Pensions (eg: Retirement, Disability)	$	$
OAS / GIS	$	$
Trust Income	$	$
Canada Pension Plan (CPP)	$	$
Tax Credits (eg: GST Credit)	$	$
Child Tax Benefits	$	$
Income Tax Refund	$	$
All other income / money received	$	$
Income of Dependent Children	$	

3. 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.

Applicant Signature	Date (yyyy-mmm-dd)	Spouse Signature	Date (yyyy-mmm-dd)
Applicant Print Name		Spouse Print Name	
Applicant Telephone	Social Insurance Number	Spouse Telephone	Social Insurance Number

NEXT CHEQUE ISSUE

BENEFIT MONTH	TOTAL ALLOWANCE	SHELTER PORTION	INCOME DECLARED	INCOME DEDUCTED	OTHER DEDUCTIONS	TOTAL CHEQUE
CASE ID		CASELOAD				

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