



CONFIRMATION OF OAS/GIS INCOME

Service Canada

Date: _____

PO Box 1177 Stn CSC
Victoria, BC V8W 2V2

Attn: Old Age Security Programs

Dear _____

I am an Investigative Officer with Prevention and Loss Management Services, Ministry of Social Development and Social Innovation.

I am requesting information regarding the person named on the attached Confirmation of Income form. This information is requested under the authority of Section 10 of the *British Columbia Employment and Assistance Act*, or Section 10 of the *British Columbia Employment and Assistance for Persons with Disabilities Act*.

A consent to release this information is attached.

Please note that the requested information is for monthly Old Age Security, Guaranteed Income Supplement, Allowance for the Survivor, or Allowances paid to or on behalf of the person, for the time period specified. Deductions for amount offset or garnisheed and any retroactive amounts should be included in the amount reported.

Options for returning the information by mail or by fax are included on the second page of this document.

I would appreciate it if you would treat this matter confidentially. If you have any questions, please contact me at the phone number below.

Thank you for your assistance.

Investigative Officer

Telephone: _____

Employment and Assistance Act / Employment and Assistance for Persons with Disabilities Act: Section 10 10 (1) For the purposes of (a) determining whether a person wanting to apply for income assistance/disability assistance or hardship assistance is eligible to apply for it, (b) determining or auditing eligibility for income assistance / disability assistance , hardship assistance or a supplement, ... the minister may do one or more of the following: ... (f) seek verification of any information supplied to the minister by a person referred to in paragraph (a), an applicant or a recipient ...



CONFIRMATION OF OAS/GIS INCOME

SR# (office use only)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act and/or the Employment and Assistance for Persons with Disabilities Act. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions should be directed to Prevention and Loss Management Services.

CONFIRMATION OF INCOME OF:

In regards to the above-named person, please provide the information requested below, then return this form to:

Ministry of Social Development and Social Innovation

Attention: _____

By fax to: _____

or by mail to: _____

INCOME INFORMATION IS REQUESTED FOR THE PERIOD OF _____ TO _____

Please provide the information using a printout from your systems, or, if you prefer, complete the form provided below.

During the timeframe indicated, the following benefits were paid. (Please provide start date for each benefit type):

<input type="checkbox"/> Old Age Security Start Date: _____	<input type="checkbox"/> Guaranteed Income Supplement Start Date: _____	<input type="checkbox"/> Allowance for the Spouse Start Date: _____	<input type="checkbox"/> Survivor Allowance Start Date: _____
--	--	--	--

Monthly Income: *Please enter amount paid, including any amounts offset or garnisheed. Please enter any retroactive payments as the full amount issued in the month in which the retroactive payment was made.*

Year					Year				
Month	OAS AMOUNT	GIS AMOUNT	SPO ALLOW	SURVIV ALLOW	Month	OAS AMOUNT	GIS AMOUNT	SPO ALLOW	SURVIV ALLOW
Jan					Jan				
Feb					Feb				
Mar					Mar				
Apr					Apr				
May					May				
Jun					Jun				
Jul					Jul				
Aug					Aug				
Sep					Sep				
Oct					Oct				
Nov					Nov				
Dec					Dec				

PLEASE PROVIDE YOUR NAME	SIGNATURE	DATE
--------------------------	-----------	------