



MONTHLY REPORT

TO CONTINUE TO RECEIVE ASSISTANCE: COMPLETE THIS FORM AND SUBMIT TO THE MINISTRY BY THE 5TH OF NEXT MONTH, OR ONLINE THROUGH YOUR MY SELF SERVE ACCOUNT (MYSELF.SERVE.GOV.BC.CA)

Notice: Information on this form is collected under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation and will be used for verification of continuing eligibility for assistance. The accuracy of the information provided on this form will be checked by comparing it against information held by other provincial, federal and private agencies. Collection, use and disclosure of the information is as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact the ministry.

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 1 SIGNATURE | DATE | APPLICANT 2 SIGNATURE | DATE |
| PRINT NAME | | PRINT NAME | |
| TELEPHONE | SOCIAL INSURANCE NUMBER | TELEPHONE | SOCIAL INSURANCE NUMBER |

**NEXT CHEQUE
ISSUE**

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

CASE ID

CASELOAD



| | | | |
|--|--|--|--|
| SINCE YOUR LAST DECLARATION: | | ARE YOU STILL IN NEED OF ASSISTANCE? | |
| HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | ANY CHANGES TO YOUR SHELTER COSTS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Applicant 1 | Applicant 2 | ANY CHANGES IN DEPENDANTS OR PERSONS LIVING IN THE HOME? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ATTENDING / ENROLLED IN SCHOOL / TRAINING? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Applicant 1 | Applicant 2 |
| Applicant 1 | Applicant 2 | ANY EMPLOYMENT CHANGES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU LOOKING FOR WORK? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Applicant 1 | Applicant 2 |
| Applicant 1 | Applicant 2 | ANY OUTSTANDING WARRANTS FOR YOUR ARREST? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU MOVED OR ENTERED A FACILITY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Applicant 1 | Applicant 2 |
| Applicant 1 | Applicant 2 | | |

DECLARE ALL INCOME (Submit proof) ENTER "0" IF NONE

| INCOME DESCRIPTION | AMOUNT | | INCOME DESCRIPTION | AMOUNT | |
|--|-------------|-------------|---|-------------|-------------|
| | Applicant 1 | Applicant 2 | | Applicant 1 | Applicant 2 |
| EMPLOYMENT INCOME | | | WORKERS' COMPENSATION | | |
| EMPLOYMENT INSURANCE | | | PRIVATE PENSIONS (EG: RETIREMENT, DISABILITY) | | |
| SPOUSAL SUPPORT / ALIMONY | | | TRUST INCOME | | |
| CHILD SUPPORT | | | OAS / GIS | | |
| WORKBC FINANCIAL SUPPORT | | | CANADA PENSION PLAN (CPP) | | |
| STUDENT FUNDING (EG: LOANS, BURSARIES) | | | TAX CREDITS (EG: GST CREDIT) | | |
| ROOM / BOARD INCOME | | | CHILD TAX BENEFITS | | |
| RENTAL INCOME | | | INCOME TAX REFUND | | |
| ALL OTHER INCOME OR MONEY RECEIVED | | | INCOME OF DEPENDENT CHILDREN | | |

PLEASE EXPLAIN ALL CHANGES INCLUDING INCOME: