



# Monthly Report

Avoid delays, submit by the 5th



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you attending / enrolled in school or training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you looking for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you moved or entered a facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any outstanding warrants for your arrest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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