



# 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:**

HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS?  YES  NO

Applicant 1    Applicant 2

ATTENDING / ENROLLED IN SCHOOL / 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

**ARE YOU STILL IN NEED OF ASSISTANCE?**

YES  NO

ANY CHANGES TO YOUR SHELTER COSTS?  YES  NO

ANY CHANGES IN DEPENDANTS OR PERSONS LIVING IN THE HOME?  YES  NO

Applicant 1    Applicant 2

ANY EMPLOYMENT CHANGES?  YES  NO  YES  NO

ANY OUTSTANDING WARRANTS FOR YOUR ARREST?  YES  NO  YES  NO

**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: