

The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) for the purpose of administering the Early Learning and Child Care Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

Eligibility for the Affordable Child Care Benefit is partially based on income. For your application to be assessed, you will need to consent to having your income information disclosed by the Canada Revenue Agency (CRA). This consent is required even if you have not filed your tax return within the last two years. The Child Care Service Centre will use your most recent tax information, within the last two years, from CRA to assess your eligibility.

Use this form to declare your or your spouse's income if either of you have not filed a tax return with CRA within the last two years, or if you are applying/have applied for an Income Review. Please fill out one form per person declaring income.

Section 1 - Personal Information

Applicant Name (Last, First, Middle)	Social Insurance Number (SIN)
Name of Person who is declaring income if different than applicant (Last, First, Middle)	

Section 2 - Income Statement

The Affordable Child Care Benefit relies on the same types of income information as are reported on line 15000 of a CRA income tax return, less line 14500 (Social Assistance payments). All such income must be reported. If you are unsure which types of income you should be including or how to calculate the amount required, please refer to the income information available on the Government of Canada website: canada.ca.

Alternate Proof of Income

- The person who is declaring income has not filed their taxes within the last two years.
As it becomes available, we will use the income from your most recent CRA notice of assessment or reassessment

Instructions: Complete the income statement with the amounts of your **annual income from the previous calendar year**.

OR

Income Review

- The person who is declaring income has had a *decrease* in their income that may impact the amount of the applicant's benefit

OR

- The person who is declaring income has had an *increase* to their income, after having reported a decrease for Income Review purposes (even if it does not impact the amount of the applicant's benefit)

Instructions: Complete the income statements with the amounts of your:

- **Estimated decreased annual income** for the 12 month period beginning the month after the month in which you requested an Income Review

OR

- **Estimated increased annual income** for the 12 month period beginning the month after the month in which the increase occurred.

Example: If you are completing this form in June with respect to a decrease, provide your estimated decreased income for each type of income you expect to receive for the next 12 months from July 1st of this year to June 30th of next year.

Note: Please use the Eligibility Estimator to guide you as to whether the decrease in your income will impact the amount of your benefit gov.bc.ca/affordablechildcarebenefit

Check either 'Yes' or 'No' for each type of income and provide the amount per year (in Canadian dollars) from all sources, including income earned in another country.

Type of Income		Amount/year
Employment Income <i>The total gross annual employment income from all employment sources, including commission income.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-Employment Income <i>Report the total net annual amount of the self-employment income as described in lines 13500 to 14300 of a CRA tax return. If you have a loss, report it as \$0.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Insurance Benefits <i>The total gross annual amount from employment insurance benefits of any type.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers' Compensation Benefits <i>The total gross annual amount from workers' compensation benefits, including WorkSafe BC.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training or Living Allowance <i>The total gross annual amount from training and/or living allowances.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability Benefits <i>The total gross annual amount from disability benefits including, but not limited to, wage-loss replacement plans (short- or long-term disability) and income from insurance claims. Do not include disability benefits received as part of a social assistance payment (example: BCEA Persons with Disabilities income).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension Income <i>The total gross annual amount from pension incomes including, but not limited to, CPP benefit of any type and other pensions and superannuation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
RRSP Income <i>The total gross annual amount from RRSP and RDSP (Registered Disability Savings Plan) income.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest and Other Investment Income <i>The total gross annual amount from interest and/or investment income including, but not limited to, taxable capital gain, dividends received from Canadian corporations, and other interest or investment income. If you received foreign interest or dividend income, report in Canadian dollars.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spousal Support <i>The total gross annual amount from taxable support payments.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tips <i>The total gross annual amount from tips or gratuities.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from a Rental Property or Suite <i>Report the total net annual amount of the rental income as described in line 12600 of a CRA tax return.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income <i>The total gross annual amount from any money earned or received from other sources that would be included in line 15000 of a tax return. This includes any Universal Child Care Benefit (UCCB) lump-sum payments received in the tax year (even if the amount is for prior tax year)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Annual Income:		

Section 3 - Comments

Optionally, provide any additional information you would like us to know about or information related to your calculations. If you have no income to declare, please describe how you are supporting your family.

Section 4 - Signed Statement

I confirm the information supplied by me is true and complete. I understand:

- I am responsible for immediately notifying the Child Care Service Centre if there is a change to any of the information I have provided on this form;
- I am responsible for providing information as or when requested by the Child Care Service Centre to verify my initial or continuing eligibility for Affordable Child Care Benefit under the Early Learning and Child Care Act;
- Information contained in this document may be reviewed, audited and verified;
- The accuracy of the information I provide may be verified by comparing it with information held by other governments, public bodies, private agencies and/or individuals;
- It is an offence under the Early Learning and Child Care Act to supply false or misleading information and repayment may be sought and enforced if benefits are paid to or for a person who is not entitled to it.

Applicant Signature	Applicant Name (please print)	Date Signed (yyyy-mmm-dd)
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Once completed please fax or mail to the Child Care Service Centre

Toll Free Fax: 1 877 544-0699
Toll Free Phone: 1 888 338-6622
Website: gov.bc.ca/affordablechildcarebenefit

Mailing Address: Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3