

Ontario Works Application

ATTENTION!!!

Fields marked with * must be answered in order for this application to be considered complete.

Attach all copies of personal identification to your application

Office Use only (Type of Application)		<input type="checkbox"/> EFT	<input type="checkbox"/> Pending Income	Date Application Received: _____
<input type="checkbox"/> Temp Care	<input type="checkbox"/> Under 18	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	Client Services Coordinator: _____
<input type="checkbox"/> Emergency	<input type="checkbox"/> Single Parent	Member ID # _____		

Third Party Requests

Adult members of the family you are applying with will need to agree for us to check information that may affect your eligibility, now or at the time of your interview. This includes Employment Insurance, Canada Revenue and credit bureaus. You can agree to this now or at the time of your interview. Allowing us to do so now will speed up the processing of your application.

Do you agree for us to conduct 3rd party checks before your interview?

Applicant Yes No

Spouse Yes No

Dependant Adult Yes No

What is the main reason you are applying?

***What was your last source of income?**

Applicant Information

*Last Name		*First Name	
*Date of Birth (D/M/Y)		*Gender M/F	*Level of Education Completed:
*Social Insurance #		*Health Card #	
*Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

Spouse Information

*Last Name		*First Name	
*Date of Birth (D/M/Y)		*Gender M/F	*Level of Education Completed:
*Social Insurance #		*Health Card #	

Dependants

Dependant # 1

*Full Name		*Date of Birth D/M/Y	
Social Insurance #		Health Card #	

Dependant # 2

*Full Name		*Date of Birth D/M/Y	
Social Insurance #		Health Card #	

Dependant # 3

*Full Name		*Date of Birth D/M/Y	
Social Insurance #		Health Card #	

Number of other dependants living with you: (Additional dependants will be added at your interview) # _____

Accommodation Information

*Street Address		Apartment #	
*Town/City/Village		Box # or RR#	
*Postal Code		*Phone #	(705)-
Are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Message Phone #	(705)-

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*Do you rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Are you a home owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord name		Mortgage Holder	
Landlord number		Mortgage Balance	\$
*Do you live with your parent(s) or the parent(s) of your spouse?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you share your accommodations with anyone else?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Accommodation Expenses

*List the household expenses you pay and enter the **monthly** amount

<input type="checkbox"/> Rent	\$	<input type="checkbox"/> Home/Fire Ins	\$	<input type="checkbox"/> Hydro/Utilities	\$
<input type="checkbox"/> Room & Board	\$	<input type="checkbox"/> Lot Rental	\$	<input type="checkbox"/> Wood	\$
<input type="checkbox"/> Mortgage	\$	<input type="checkbox"/> Taxes	\$	<input type="checkbox"/> Oil, Propane, Gas	\$
<input type="checkbox"/> Water/Sewage	\$	<input type="checkbox"/> Other	\$		

Income

*List all income that you, your spouse or dependants currently receive and write the monthly amount.
(Sources of income include employment, EIB, WSIB, Child Tax Benefit, support etc.)

*Type of Income	*Name of person receiving the income	*Amount
		\$
		\$
		\$
		\$

Assets

*List all assets that you, your spouse or dependants currently have and write the valued amount.
(assets are things like bank accounts, cash, investments, property, vehicles etc)

*Type of Asset	*Name of person having the asset	*Amount
		\$
		\$
		\$

Declaration

1. I do solemnly declare that all information I have given in this application is true and none of the information required has been knowingly withheld or omitted.
2. I understand that I must contact the nearest ADSAB office after submitting my application in order to finalize the application process.
3. I understand that the information given on this application will belong to the Algoma District Services Administration Board and will be used in determining my eligibility for the Ontario Works Program. I may be required to provide additional information once my application is processed.

***Signature of all household members 18 years and older.**

Applicant: _____ Date: _____

Spouse: _____ Date: _____

Dependant Adult : _____ Date: _____
(18 yrs and older)

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If you DECLARE this on your application...	...BRING the following documents to your Interview for all family members:	
Date of Birth	Birth Certificates Or....Baptismal Certificates, Indian Band Records, Marriage Certificates, Landing record/passports, School Records	
Health Card Number	Ontario Health Card Or...Letter from Ministry of Health	
School Attendance for any family members attending	Verification of attendance Or... Timetables, Transcripts, Report Cards, Letter from school etc.	
Immigration	Permanent Landing Records Or...Passports, Refugee Status etc.	
Social Insurance Numbers	Social Insurance Card Or...an other official document noting the SIN # such as Employment Insurance Benefits Stubs, Income Tax Documents etc.	
Marital Status	Marriage/Divorce Certificate Or...Private Separation Agreements, Affidavits, Letter from a lawyer/clergy	
Current Employment (gross/net amounts)	***Last 3 Paystubs received***	
Past Employment	Records of Employment Or...Letters of termination	
Other Income amounts and types you declared	(such as) <ul style="list-style-type: none"> • EIB letter/stubs • CPP letter/stubs • WSIB letter/stubs • Support payment order/letter 	<ul style="list-style-type: none"> • Child Tax Benefit Summary • National Child Benefit Summary • OSAP summary
Accommodations Costs	(such as) <ul style="list-style-type: none"> • Rent receipt/lease • Mortgage • Heating Bills • Water Bills 	<ul style="list-style-type: none"> • Hydro Bills • Home/Fire Insurance • Property Tax Assessment
Any Debts over \$500.00	(such as) <ul style="list-style-type: none"> • Credit Card Bills • Letter from Collection Agency • Loan/Mortgage Summary 	
Asset details for all assets you declared	(such as) <ul style="list-style-type: none"> • 2 mths of bank statements with <u>Acct #</u> • Financial Investment statements • Life Insurance Policy 	<ul style="list-style-type: none"> • Vehicle Registration/ownership • 2nd Property Lot Description

ATTENTION!!!

Not providing the required documents may delay the processing of your application