

Application for the Guaranteed Income Supplement or Statement of Income for Payment Period of

| Δ | Name | and | Add | lress |
|------------------|------|-----|-----|-------|
| \boldsymbol{A} | | ۵ | , | |

B Social Insurance Number

Area code Telephone number

| C | Marital Status | - You mu | st check (X) one b | ox: (See info | rmation she | et for mo | ore information.) | | |
|------------|--------------------------------|--------------|---|-------------------|-----------------|------------|--|------------|--|
| \bigcirc | Married | | | | | | Give the date of the | _ | |
| \bigcirc | Common-Law | Full name | of spouse or commo | n-ıaw paπner (ı | т аррисавіе) | | or commencement of the common-law union. (See YYYY - MM - DD | | |
| \bigcirc | Separated | Address | of spouse or common- | law partner, sa | me as A | or | instruction sheet.) | | |
| | Surviving spouse | Address | | | | | If you are separated spouse or common-l | law partne | r, |
| \bigcirc | (widow/widower) or surviving | <u> </u> | | | | | please give the date If you are living apar | | ne |
| | C/L partner | City | | vince or Territor | ry Postal | code | beyond your control, | | V V V V _ N/IN/I |
| \sim | | • | or common-law partn surance Number | | | | sheet. | | |
| \bigcirc | Divorced | | | | I Insurance N | umber | If your spouse or cor | | |
| 0 | Single | | or common-law partn rth (if applicable) | | YYY - MM - E |)D | partner is deceased, give date of death. | please | YYYY - MM - DD |
| D | Residence Sta | tement | Were you or your s than 6 consecutive | | | | icable) absent from Ca | nada for m | nore Yes No |
| Ε | | | include Canadian Old nent or Allowance pay | | Guaranteed Ir | come | Your Income | | ouse or Common-Law Partner (if applicable) |
| 1 | Canada Pension (Do not include | | Quebec Pension Plan Child benefit) | benefits | | | | | · |
| 2 | Other pension in | ncome (su | perannuation, RRIF | s, foreign pen | sion, etc.) | | | | |
| | From Canadian | sources: | | \$ | | | | | |
| | From foreign so | urces: | | \$ | | | | | |
| 3 | Employment Ins | urance | | \$ | | | | | |
| | Workers' compe | nsation b | enefits | \$ | | | | | |
| 4 | Interest and oth | | | | | | | | |
| 5 | | | ds and capital gains | | | | | | |
| | Eligible and other | er than eli | gible dividends | \$ | | | | | |
| | Capital gains | | | \$ | | | | | |
| 6 | Net rental incom | ie | | | | | | | |
| 7 | Net employment | income (| after allowable dedu | ctions) | | | | | |
| 8 | Net self-employ | ment inco | me | | | | | | |
| 9 | Other income (s | pecify so | urce and amount): | | | | | | |
| 10 | Total (If you hav | e no inco | me, write "0") | | | | | | |
| F | | | | | | Y | You YYYY - MM - DD | | or Common-Law Partner YYYY - MM - DD |
| | | | | | | Y | You YYYY - MM - DD | | or Common-Law Partner YYYY - MM - DD |
| G | I/We declare that | , to the bes | st of my/our knowledg | e the information | on on this app | ication is | atement for the Allowar s true and complete. I/V nder the <i>Old Age Secur</i> | Ve realize | wance for the Survivor. that my/our personal |
| | | | | | | | | | t, if any, under the <i>Old Age</i> |
| Siç | | | rged with an offence. An offence of the Survivor ap | | | | to which there was no early partner (if applicable | | t would have to be repaid. ate (YYYY - MM - DD) |
| ᆸ | If one or both sign | n with a ma | ark, a witness (friend, | member of the | family etc) n | nust com | plete this section | | |
| Н | Name | a 1116 | , a maiooo (monu, | Relationship | .a.iy, 010./ II | .30: 00111 | Telephone Number | D | ate (YYYY - MM - DD) |
| | Address | | | 1 | | | Signature | | |
| | | | | FOR OF | FFICE USE | ONLY | | | |
| Effe | ective date: | | | Certified by: | | <u> </u> | | | Pate: |

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.



Comparison between Guaranteed Income Supplement Application and Canada Revenue Agency Income Tax and Benefit Return

| Block | 3025 Application | Line | CRA information |
|-------|--|---|---|
| 1 | CPP/QPP benefits (do not include Death Benefit) | 114 | CPP or QPP benefits |
| 2 | Other pension income (i.e., superannuation, RRIF, foreign pension) | 115 116 | Other pensions or superannuation Elected split pension income |
| 3 | Employment Insurance and Workers' compensation benefits | 119 144 | Employment Insurance and other benefits Workers' compensation benefits |
| 4 | Interest and other investment income | 121 | Interest and other investment income |
| 5 | Taxable Canadian dividends and capital gains | 120 127 | Taxable amount of dividends Taxable capital gains |
| 6 | Net rental income | 126 | Rental income |
| 7 | Net employment income Less allowable deductions | 101 104 - 308 312 | Employment income Other employment income minus CPP/QPP contributions (employment), El premiums and maximum of \$3,500 (result cannot be negative) |
| 8 | Net self-employment income Less allowable deductions | 135 137 139 141 143 - 222 310 317 | Net business income Net professional income Net commission income Net farming income Net fishing income minus Deduction for CPP/QPP contributions CPP/QPP contributions (self-employment) El premiums |
| 9 | Other Income Less other deductions | 122 128 129 130 - 207 208 209 210 212 214 215 217 219 220 221 223 224 229 231 232 | Net partnership income Support payments RRSP income Other income minus RPP deduction RRSP deduction Saskatchewan pension plan Elected split pension income Annual dues (i.e., union) Child care expenses Disability supports Business investment loss Moving expenses Support payments made Carrying charges QPIP premiums Exploration expenses Other employment expenses Clergy residence deduction Other deductions |

^{*} Pension Income includes: Superannuation or pension payments; Registered Retirement Income Funds (RRIF's); Life Income Funds; foreign pensions; annuity payments; alimony; maintenance payments; Employment Insurance benefits; disability benefits from an insurance plan; Workers Compensation benefits (CSST in Quebec); government assistance programs; Canada Pension Plan or Quebec Pension Plan benefits (excluding lump-sum death benefit).



Service Canada Offices Old Age Security

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the province where you last resided.

Need help completing the forms?

Canada or the United States: 1-800-277-9914

All other countries: 613-990-2244 (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada PO Box 9430 Station A St. John's NL A1A 2Y5 CANADA

PRINCE EDWARD ISLAND

Service Canada PO Box 8000 Station Central Charlottetown PE C1A 8K1 CANADA

NOVA SCOTIA

Service Canada PO Box 1687 Station Central Halifax NS B3J 3J4 CANADA

NEW BRUNSWICK

Service Canada PO Box 250 Station A Fredericton NB E3B 4Z6 CANADA

QUEBEC

Service Canada PO Box 1816 Station Terminus Quebec QC G1K 7L5 CANADA

ONTARIO

For postal codes beginning with "L, M or N"
Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"
Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada PO Box 818 Station Main Winnipeg MB R3C 2N4 CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada PO Box 2710 Station Main Edmonton AB T5J 2G4 CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

