



# INCOME STATEMENT

Please report all gross and net income received by you, your spouse and your dependents for the period specified. Return this form to the Welfare Office by the Date shown below

Client's Name:	First Nation: MITAANJIGAMIING
Period From:	Please return to office by:

NOTE; IF YOU HAVE NO INCOME TO REPORT, INDICATE "NIL" IN THE BOXES BELOW

DESCRIPTION	CLIENT	SPOUSE	DEPENDENTS	DESCRIPTION	CLIENT	SPOUSE	DEPENDENTS
<b>EARNINGS</b>				<b>CANADA PENSION RETIREMENT</b>			
GROSS							
NET							
<b>FARM INCOME</b>				<b>CANADA PENSION DISABILITY</b>			
GROSS							
<b>RENTAL INCOME</b>				<b>CANADA PENSION SURVIVOR</b>			
<b>OAS/ GIS</b>				<b>WAR VETERANS ALLOWANCE</b>			
<b>GAINS</b>				<b>WORKERS COMPENSATION PERM.</b>			
<b>PRIVATE ACCIDENT DISABILITY INSURANCE</b>				<b>TRAINING ALLOWANCE (GROSS/NET)</b>			
<b>SUPPORT PAYMENTS</b>				<b>NATIONAL CHILD BENEFITS SUPP.</b>			
<b>LEASE PAYMENT</b>				<b>ROOMERS/ BOADERS</b>			
<b>EMPLOYMENT INSURANCE</b>				<b>INCOME</b>			
<b>PRIVATE PENSIONS</b>				<b>OTHER</b>			

STATEMENT OF MONTHLY SHELTER COSTS: please attach bills / receipts

RENT	\$	WOOD DELIVERY	\$
HYDRO	\$	OTHER: _____	\$

I hereby request continuance of the assistance granted under the Ontario Works Act. I declare that, to the best of my knowledge and belief, I am eligible for such assistance. Report above is all the income I, my spouse and all dependents have received from all sources since my last report.

CLIENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_