



MONTHLY STATEMENT OF SELF-EMPLOYMENT BUSINESS INCOME

Self Employed Household Members must complete and submit this form monthly to complete the application for Income Assistance.

The Social Assistance Regulations, refer to Section 20:

20. (1) In calculating the financial resources of an applicant and the dependants of an applicant, an Officer shall, in accordance with these regulations, ascertain the new monthly income of the applicant and dependants and shall complete an application and make such inquiries as are necessary for the purpose.

Assessment Month:

HOUSEHOLD MEMBER INFORMATION (please print)

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Street Address		City/Community , NT	
Mailing Address (if different than above)			
Apartment Number	Postal Code	Telephone (Home) ()	
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Intervention Number	

SELF-EMPLOYMENT BUSINESS (please print)

Business Name	
Business Address	
Telephone (Business) ()	Fax (Business) ()
Business License Number	Business Type

A. INCOME FOR THE MONTH

Sales \$ _____	Fees \$ _____
Commissions \$ _____	Other \$ _____
Total of A \$ _____	

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 41.1(g) and the Northwest Territories (NT) Social Assistance Act and Regulations. The privacy provisions of the ATIPP Act protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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B. OPERATING EXPENSES FOR THE MONTH (You MUST submit receipts with expenses claimed)

Office Supplies \$ _____	Maintenance & Repair Costs \$ _____
Telephone/Utilities (Power, Water) Costs \$ _____	Meals & Entertainment \$ _____
Insurance \$ _____	Legal Fees \$ _____
Rent \$ _____	Accounting Fees \$ _____
Deliver/Freight \$ _____	Bad Debts \$ _____
Business Tax \$ _____	Bank Interest \$ _____
Licenses \$ _____	Salaries/Benefits (Employer's Contribution) \$ _____
Administration Fees \$ _____	Travel \$ _____
Advertising \$ _____	Other: \$ _____
Property Fuel Costs \$ _____	Other: \$ _____
Property Taxes Costs \$ _____	Other: \$ _____

Operating Expenses for Business Motor Vehicle Including Maintenance

Cost of Fuel \$ _____	Repairs (non-accidental) \$ _____
Car Washes \$ _____	Licenses \$ _____
Grease/Oil Servicing Changes \$ _____	Insurance for Vehicle \$ _____
Lease Payment for Business Vehicle \$ _____	Other \$ _____

Total of B | \$ _____

TOTAL

Total of A	\$ _____
Minus Total of B	\$ _____
TOTAL	\$ _____

DECLARATION

I declare that the information on this form, and any further applicable forms and documents, submitted for the Public Housing Rental Subsidy Program are true to the best of my knowledge.

x _____ Tenant's Signature	_____ Date - YY/MM/DD
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