Northwest Territories

Income Security Programs

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 $ 0

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.

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 (Specify) :	$
Property Fuel Costs	$	Other (Specify) :	$
Property Taxes Costs	$	Other (Specify) :	$

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 (Specify):	$

Total of B $0

TOTAL

Total of A	$0
Minus Total of B	$0
TOTAL	$0

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

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