



INCOME SECURITY PROGRAMS FORM A – REPORTING FORM

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

Case Number:	What Month Are You Applying For?	
Applicant Information		Co-Applicant Information
First Name:	First Name:	
Last Name:	Last Name:	
Date of Birth (YYYY/MM/DD):	Date of Birth (YYYY/MM/DD):	
Telephone:	Telephone:	
Email:	Email:	
Street Address:		
Community:	Postal Code:	

Household Status

Since your last application, have there been any changes to the information listed below? Yes No

If yes, please indicate: Employment Marital Status Telephone
 Email Change of Address Number of household members 19 or older
 Other: _____

Describe Changes:

Did you include your bank statements for all of your accounts? Yes No N/A

Did you include your power bill? Yes No N/A

Do you require assistance with home heating? Yes No N/A

Are you receiving the Canada NWT Housing Benefit from the Housing NWT? Yes No

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

Unearned Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)
Boarders and/or Renters	\$	\$
Canada Pension Plan (CPP) Survivor's Pension	\$	\$
Fellowships, Bursaries and/or Scholarships	\$	\$
Gambling (Bingo, Card Games, Lottery Winnings, etc.)	\$	\$
Monetary Gifts, Goods or Services received	\$	\$
Goods and Services Tax (GST) and/or Cost Of Living Offset (COLO)	\$	\$
Income Tax Refund(s)	\$	\$
Insurance Policies and/or Trust Funds/Inheritance	\$	\$
Loans (Canada Post loans, Payday loans and loans from friends or family)	\$	\$
Mortgage or Rental Property	\$	\$
Canada Savings Bonds, and/or Other Investments	\$	\$
Registered Retirement Savings Plan (RRSP)	\$	\$
Sale of Personal Assets, including Property	\$	\$
Student Financial Assistance (SFA)	\$	\$
Training Allowances	\$	\$
Other, please specify: _____	\$	\$

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

Earned Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)
Childcare Services (ie. Babysitting)	\$	\$
Employment Insurance (EI)	\$	\$
Honorariums	\$	\$
Hunting, Trapping, Fishing	\$	\$
Salary or wages paid to you or your spouse by any employer, including severance pay	\$	\$
Sale of Artwork (Paintings, Carvings and/or Handicrafts)	\$	\$
Self-Employment	\$	\$
Worker's Safety and Compensation Commission (WSCC)	\$	\$
Other, please specify: _____	\$	\$

If you have income that is not listed here, let your Client Navigator know. It is important that you report all of the income you received.

Excluded Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)
Canada Child Benefit (CCB)	\$	\$
CPP Children's Disability Benefit	\$	\$
CPP Children's Survivor/Orphan Benefit	\$	\$
Dividends from Land Claims	\$	\$
Foster Parent Payments	\$	\$
Impact Benefit Agreement (IBA)	\$	\$
Maintenance Enforcement Program/Child Support	\$	\$
Money from an Indigenous Government	\$	\$
Money received for pain and suffering (such as compensation due to Residential School, Sixties Scoop, Indian Day School)	\$	\$
Registered Disability Savings Plans	\$	\$
Other, please specify: _____	\$	\$

Please remember to include verification of all income received.

Declaration

I understand the Statement and Authorization I signed remains valid for one year. I understand that if there are any changes to my personal or financial situation, I must immediately report it to my Client Navigator. I declare that the information on this form is true and complete to the best of my knowledge.

Applicant Signature:	Date (YYYY/MM/DD):
Co-Applicant Signature:	Date (YYYY/MM/DD):

The information in this Application for Income Assistance is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, section 40.(a) and (c)(ii), section 41.(1)(g) and the *Northwest Territories Social Assistance Act* and *Income Assistance Regulations*. The privacy provisions of the *ATIPP Act* protect 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 Program Specialist of the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.