



Income Assistance

Form A – Reporting Form

Case Number: _____

Date (YY/MM/DD): _____ / _____ / _____

I am required to submit a reporting form every:

- Month
 3 Months
 6 Months
 Other

Note: If you did not receive Income Assistance last month, you are required to complete an application.

Applicant Information

Last Name		First Name	
Telephone		Date of Birth (YY/MM/DD) / /	
Current Mailing Address			
Community		, NT	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
 Telephone
 Email
 New Bank Account
 Marital Status
 Number of Dependants
 Change of Address
 Other

Describe Changes

Notes/Comments

Did you print off your bank statement? Yes No

Did you include your power bill? Yes No

Do you require fuel/wood? Yes No

Did you include confirmation of your Productive Choice? Yes No

** if applicable*

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)	Amount (Dependent)
Boarders and/or Renters	\$	\$	\$
CPP	\$	\$	\$
Dividends from Land Claims	\$	\$	\$
Employment Insurance	\$	\$	\$
Gambling (Bingo, Card Games, Lottery Winnings, etc.)	\$	\$	\$
Gifts, Goods or Services Received	\$	\$	\$
GST	\$	\$	\$
Income Tax Refund(s)	\$	\$	\$
Impact Benefit Agreement (IBA)	\$	\$	\$
Insurance Policies and/or Trust Funds/Inheritance	\$	\$	\$
Mortgage or Rental Property	\$	\$	\$
OAS	\$	\$	\$
RRSP, Canada Savings Bonds, and/or Other Investments	\$	\$	\$
Sale of Personal Assets, including Property	\$	\$	\$
Student Financial Assistance	\$	\$	\$
Training Allowances	\$	\$	\$
Transportation (Airline/Bus Tickets)	\$	\$	\$
Worker's Safety & Compensation Commission	\$	\$	\$
Other – please specify: _____	\$	\$	\$

Would you like to use any of your unearned income exemption?

Yes

No

If yes, how much? _____

Earned Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co - Applicant)	Amount (Dependent)
Childcare Services (ie. Babysitting)	\$	\$	\$
Fellowships, Bursaries and/or Scholarships	\$	\$	\$
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	\$	\$	\$
Other – please specify: _____	\$	\$	\$

Excluded Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co - Applicant)	Amount (Dependent)
Canada Child Benefit	\$	\$	\$
CPP Children's Disability Benefit	\$	\$	\$
CPP Children's Survivor/Orphan Benefit	\$	\$	\$
Foster Parent Payments	\$	\$	\$
Maintenance Enforcement Program/Child Support	\$	\$	\$
Registered Disability Savings Plans	\$	\$	\$
Other – please specify: _____	\$	\$	\$

Please remember to include verification of all income received and rental/mortgage receipts with this form.

Notes/Comments

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 Services Officer. I declare that the information on this form is true and complete to the best of my knowledge.

Applicant Signature	Date (YY/MM/DD) / /
Co-Applicant Signature	Date (YY/MM/DD) / /