

MONTHLY REPORT

TO CONTINUE TO RECEIVE ASSISTANCE: COMPLETE THIS FORM AND SUBMIT TO THE MINISTRY BY THE 5TH OF NEXT MONTH, OR ONLINE THROUGH YOUR MY SELF SERVE ACCOUNT (MYSELF.SERVE.GOV.BC.CA)

Notice: Information on this form is collected under the authority of the *Employment and Assistance Act* and Regulation and the *Employment and Assistance for Persons with Disabilities Act* and Regulation and will be used for verification of continuing eligibility for assistance. The accuracy of the information provided on this form will be checked by comparing it against information held by other provincial, federal and private agencies. Collection, use and disclosure of the information is as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of this information, contact the ministry.

Declaration: I understand that the ministry may disclose this information to verify continuing eligibility for assistance under the above Acts and Regulations. I declare that all of the information provided on this form to the Ministry of Social Development and Social Innovation is true and complete.

APPLICANT 1 SIGNATURE	DATE	APPLICANT 2 SIGNATURE	DATE
PRINT NAME		PRINT NAME	
TELEPHONE	SOCIAL INSURANCE NUMBER	TELEPHONE	SOCIAL INSURANCE NUMBER

NEXT CHEQUE ISSUE 

BENEFIT MONTH TOTAL ALLOWANCE SHELTER PORTION INCOME DECLARED INCOME DEDUCTED OTHER DEDUCTIONS TOTAL CHEQUE

CASE ID

CASELOAD



SINCE YOUR LAST DECLARATION:		ARE YOU STILL IN NEED OF ASSISTANCE?	
HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANY CHANGES TO YOUR SHELTER COSTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTENDING / ENROLLED IN SCHOOL / TRAINING?	Applicant 1: <input type="checkbox"/> YES <input type="checkbox"/> NO Applicant 2: <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY CHANGES IN DEPENDANTS OR PERSONS LIVING IN THE HOME?	Applicant 1: <input type="checkbox"/> YES <input type="checkbox"/> NO Applicant 2: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LOOKING FOR WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANY EMPLOYMENT CHANGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU MOVED OR ENTERED A FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANY OUTSTANDING WARRANTS FOR YOUR ARREST?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARE ALL INCOME (Submit proof) ENTER "0" IF NONE

INCOME DESCRIPTION	AMOUNT		INCOME DESCRIPTION	AMOUNT	
	Applicant 1	Applicant 2		Applicant 1	Applicant 2
EMPLOYMENT INCOME			WORKERS' COMPENSATION		
EMPLOYMENT INSURANCE			PRIVATE PENSIONS (EG: RETIREMENT, DISABILITY)		
SPOUSAL SUPPORT / ALIMONY			TRUST INCOME		
CHILD SUPPORT			OAS / GIS		
WORKBC FINANCIAL SUPPORT			CANADA PENSION PLAN (CPP)		
STUDENT FUNDING (EG: LOANS, BURSARIES)			TAX CREDITS (EG: GST CREDIT)		
ROOM / BOARD INCOME			CHILD TAX BENEFITS		
RENTAL INCOME			INCOME TAX REFUND		
ALL OTHER INCOME OR MONEY RECEIVED			INCOME OF DEPENDENT CHILDREN		

PLEASE EXPLAIN ALL CHANGES INCLUDING INCOME: