



SOCIAL ASSISTANCE MONTHLY RENEWAL DECLARATION

PRIVACY ACT STATEMENT

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA/P-PU-020 and is protected under the provisions of the Privacy Act.

If you require continued Social Assistance, please complete this form and return to your local administering Authority at least 2 weeks before the next cheque issue.

1. Are you still in need of Social Assistance? Yes No

2 Has your marital / employment situation changed? Yes No

If yes, explain change _____

3.List any changes in your living situation (e.g. address, rent, etc.). Submit new receipts.

Continued on reverse
901-28 (6-88)



4. Have you had any earned or unearned income this month? Yes No

If yes, complete ▶	Earnings	\$
	Family Allowance	\$
	Maintenance	\$
	Unemployment Insurance	\$
	Other (specify)	\$
		\$
	TOTAL ▶	\$

5. Has there been any change in your assets? Yes No

If yes, complete ▶	Bank Account	
	Property	
	Other (specify)	
	TOTAL ▶	

6. Is there any change in your number of dependents or their school status? Yes No

If Yes, explain the change(s) _____

I declare that this is a true statement concerning my monthly income, assets, marital, employment, and family status. I give permission for this information to be verified and I consent to a report being obtained from any reporting agency for that purpose.

Band Name	Family no.	Signature of applicant	Date
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Signature of spouse/common-law/partner _____ Date _____