



### 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)	\$
	\$
<b>TOTAL ↓</b>	<b>\$ 0.00</b>

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

If yes, complete ↓

Bank Account	
Property	
Other (specify)	
<b>TOTAL ↓</b>	<b>\$0.00</b>

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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