



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.

901-28 (6-88)



4. Have you had any earned or unearned income this month? [] Yes [] No
Table with columns for Income Type and Amount. Rows include Earnings, Child tax, Family Maintenance, Employment Insurance, Other (specify), Pension.
5. Has there been any change in your assets? [] Yes [] No
Table with columns for Asset Type and Amount. Rows include 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 and # | Print Name | Signature of Applicant | Date

Do you want direct deposit Yes or No (please circle one)

If you are turning 65 this year, Please remember that income assistance cut off is your 65 birthday. You must apply for your Old age pension. This can be done one month after your 64th birthday!

Musqueam Indian Band

Active Job Search Statement

List dates, names and phone numbers of employers seen and results of job interviews. When completed, **Sign** the declaration at the bottom of this form.

Please return no later than the 20th of every month

Date contact made with Employer	Business name and address	Person contacted	Phone Number Or email	Type of Work sought	Results of your request for a job

If you have taken No Action to find Employment, Indicate **why**:

- Found work
 Sick or Incapable (Need a **Dr's note**)
 Other (explain) _____
 Pregnancy
 Attending a course of Instruction – Where? _____

Declaration: I declare that All Employers listed on this form and on any attached sheets of paper have been contacted. The information I have given on this form is true.

I understand that confirmation of my contacts may be obtained from Employers whose names I have shown

Printed name of Claimant:	Signature of Claimant:	Date:
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