



KIASHKE ZAAGING ANISHINAABEK

GULL BAY FIRST NATION
Social Services
General Delivery
Gull Bay, ON
P0T 1P0

Phone: 807.982.0006
Toll Free: 1.855.982.0006
Fax: 807.982.0009
Email: owmanager@gbfn.ca
owfileclerk@gbfn.ca

STATEMENT OF INCOME

Please report all gross and net income received by you, your spouse and your dependents for the period specified. Return this form to my office by the date shown below.

Client's Name:	First Nation: GULL BAY FIRST NATION
Period From: 16TH PREVIOUS MONTH	Return By: 15TH CURRENT MONTH

Note: If you have no income to report, indicate "Nil" in the boxes below:

Description	Client	Spouse	Dependent	Description	Client	Spouse	Dependent
Earnings Gross Net				Canada Pension Retirement			
Gross Farm Income				Canada Pension Disability			
Rental Income				Canada Pension Survivor			
OAS/GIS				War Veterans Allowance			
GAINS				Workers Compensation Perm.			
Private Accident Disability Insurance				Training Allowance (Gross/Net)			
Support Payments				Other (Specify)			
Lease Payments				INCOME			
Employment Insurance				ROOMERS			
Private Pensions				BOARDERS			

STATEMENT OF MONTHLY SHELTER COSTS:

Mortgage/Rent	\$	Board/Lodging	\$
Fuel/Heating	\$	Utilities	\$
Other (specify)	\$	Water	\$

I hereby request continuance of the assistance granted under the Ontario Works Act. I declare that, to the best of my knowledge and belief, I am eligible for such assistance. Reported above is all the income my dependents* and I have received from all sources since my last report.*Dependents include your spouse and all dependent persons living with you.

Client's Signature: * _____

Date: _____