



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 dependants for the period specified. Return this form to the office on the 16th of each month.

Client Name:	
Period From:	16 th of previous month – 15 th of current month

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

Description:	Client	Spouse	Dependant	Description	Client	Spouse	Dependant
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			
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:

Fuel/Heating		Board/Lodging	
Utilities		Other (specify)	

Client Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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 dependants* and I have received from all sources since my last report.

**Dependants include your spouse and all dependent persons living with you.*