



# KIASHKE ZAAGING ANISHINAABEK

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

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## 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 16<sup>th</sup> of each month.

<b>Client Name:</b>	
<b>Period From:</b>	16 <sup>th</sup> of previous month – 15 <sup>th</sup> 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
<b>Earnings</b> <b>Gross:</b> <b>Net:</b>				<b>Canada Pension Retirement</b>			
<b>Gross Farm Income</b>				<b>Canada Pension Disability</b>			
<b>Rental Income</b>				<b>Canada Pension Survivor</b>			
<b>OAS/GIS</b>				<b>War Veterans Allowance</b>			
<b>GAINS</b>				<b>Workers Compensation</b>			
<b>Private Accident Disability Insurance</b>				<b>Training Allowance</b> <b>Gross:</b> <b>Net:</b>			
<b>Support Payments</b>				<b>Other (Specify)</b>			
<b>Lease Payments</b>				<b>Income</b>			
<b>Employment Insurance</b>				<b>Roomers</b>			
<b>Private Pensions</b>				<b>Boarders</b>			

## Statement of Monthly Shelter Costs:

<b>Fuel/Heating</b>		<b>Board/Lodging</b>	
<b>Utilities</b>		<b>Other (specify)</b>	

**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.