

**Social Assistance Monthly Renewal Declaration Slip**

**PROTECTED:** (when completed) to be handled by authorized personnel only

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**If you require continued Social Assistance, please completed this form and return to your local administering authority at least 2 weeks before the next cheque is due.**

1. Are you still in need of Social Assistance?       YES     NO

2. Has your marital / employment situation changed?     YES     NO

If yes explain

\_\_\_\_\_

3. List any changes in your living situation (e.g. address, rent, etc.) Submit new receipts.

\_\_\_\_\_  
\_\_\_\_\_

Continued on reverse ....

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\_\_\_\_\_  
\_\_\_\_\_

Continued on reverse.....

4. Have you had any earned income this month  Yes  No

If yes, complete

Earnings	\$
Canada Child Tax	\$
Maintenance	\$
Employment Insurance	\$
Other (specify)	\$
	\$
<b>Total</b>	<b>\$</b>

If yes, explain change(s)

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

If yes, complete

Bank Account	\$
Property	\$
Other (specify)	\$
	\$
<b>Total</b>	<b>\$</b>

6. Is there any change in your number of dependents or their school status?

Yes  No

I declare that this is a true 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.

Village Name: \_\_\_\_\_ SIN: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

NSD-12

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NSD-12