

Changes Report

COMPLETE ONLY IF THERE ARE CHANGES TO REPORT and return to your local office BY THE 16th of the month: ATTACH RECEIPTS.
It is your legal obligation to report CHANGES in living arrangements, shelter costs, family size, income or assets.

Name	Member ID	Office ID	Case Owner	Changes for the month of			
Have you moved?							
Date Moved _____ <input type="checkbox"/> Renting <input type="checkbox"/> Boarding (meals) <input type="checkbox"/> Own Home <input type="checkbox"/> Institution/Hospital							
New Address							
Street Number	Street Name		Unit Number				
<input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route <input type="checkbox"/> General Delivery		Town/City _____					
		Postal Code _____ New Phone Number _____					
Do you have new housing costs? Attach receipts for new housing expenses.							
New Rent/Boarding/Mortgage Amount		Amount Paid	Start Date (D/M/Y)				
New Monthly Utility Costs (e.g. Hydro, Insurance)							
New Annual Heating Costs <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood							
Family Changes							
Name	<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> Dep. Child			
Details of change: (e.g. moved out, finished school, new baby)		Start Date (D/M/Y)					
Is a family member leaving Ontario for more than 7 days? Date leaving _____ Date returning _____							
Name	<input type="checkbox"/> Recipient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dep. Adult	<input type="checkbox"/> Dep. Child			
Does any family member have changes in assets (bought or sold or changed in value)?							
Type of Asset		New Value	Start Date (D/M/Y)				
Other Changes in Circumstances (e.g. shared custody, new person living with you)							
Does any family member have changes in income?							
Gross Income	Amount			Gross Income	Amount		
	Recipient	Spouse	Dep.		Recipient	Spouse	Dep.
Support Payments				Rental Income			
Employment Insurance				Foreign Pension			
WSIB				Private Pension			
CPP/QPP - Retirement				Gifts / Windfalls			
CPP/QPP - Disability				Loans			
CPP/QPP - Survivor				Trust / Inheritance			
OAS/GIS				Segregated Funds / Annuities			
GAINS A				Interest / Dividends			
Roomer Income				Insurance Benefits			
Boarder Income				Other (specify):			

I declare the information here to be accurate and complete and agree to advise my local Ontario Works office of any changes.	Signature (Recipient/Trustee)	Date
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