



Newark Neighbours Client Registration Form Proof of Income

Name: _____

**Applicant's Notice of Assessment for Year
Net Income (Proof required)**

\$			

**Applicant's Spouse or Common-Law Partner
Notice of Assessment for Year
Net Income (Proof required)**

\$			

Income Sources (Proof required)

Wages
Employment Insurance (EI)
Canada Pension Disability
Ontario Disability Support Program (ODSP)
**Ontario Works - Ministry of Community
& Social Services (MCSS)**
Ontario Student Assistance Program (OSAP)
Old Age Security (OAS)
Canada Pension Plan (CPP)
Survivors Pension
Company Pension
Childrens Credit
Spousal Alimony
Rental Income

Applicant	Spouse or Common-Law Partner
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

I certify that the information provided on this form is correct, complete, and fully discloses all of my income, and if applicable, that of my spouse or common-law partner.

Client's Signature: _____