



**MONTHLY APPLICATION**  
INCOME SUPPORT SERVICES

Eligibility for assistance is assessed one month at a time. If you are in need of assistance next month, you must apply **again** using this form.

You must answer all the questions on **both sides** of this form, then sign and date it. If you have a spouse (i.e. a person you are cohabitating with as a couple, whether or not you are united by legal marriage), your **spouse must also sign and date the form**.

Applications that are submitted after the 15th of the month, and applications that are missing information or supporting documentation, may result in a delay of benefits issued.

If you have a change in circumstance (e.g., change in housing, change in the number of people living with you, change of phone number, etc.), please schedule an appointment with your social worker.

APPLICATION TIMELINES		
To receive income for...	Apply around...	Declare any income received between...
January	December 1	November 1 – 30
February	January 1	December 1 – 31
March	February 1	January 1 – 31
April	March 1	February 1 – 28
May	April 1	March 1 – 31
June	May 1	April 1 – 30
July	June 1	May 1 – 31
August	July 1	June 1 – 30
September	August 1	July 1 – 31
October	September 1	August 1 – 30
November	October 1	September 1 – 30
December	November 1	October 1 – 31

APPLICANT INFORMATION		
First and last name of applicant		
Date of birth YYYY/MM/DD	Phone number	Case ID
First and last name of spouse		
Have you received or disposed of any assets during the income assessment period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain: _____		
_____		
_____		

All income received by you and your family must be declared each month. Supporting documentation (e.g., pay stubs, cheque stubs, bank statements, receipts) must be submitted with this form for any income declared. Please specify the type of income received and the date it was received on in the comments section below.

<b>DECLARATION OF INCOME</b>				
<b>Enter "none" or "0" if no income was received.</b>				
	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>DEPENDENT CHILD</b>	<b>COMMENTS</b>
Bursaries, grants or scholarships	\$	\$	\$	
Credit transfers	\$	\$	\$	
Email money transfers	\$	\$	\$	
Employment earnings	\$	\$	\$	
Employment Insurance (EI)	\$	\$	\$	
Estate or trust	\$	\$	\$	
Gifts	\$	\$	\$	
Gratuities (i.e., tips)	\$	\$	\$	
Income tax refund	\$	\$	\$	
Investment income	\$	\$	\$	
Loan or loan repayment	\$	\$	\$	
Lottery or prize winnings	\$	\$	\$	
Lump sum payments (e.g., insurance)	\$	\$	\$	
Maintenance (child support)	\$	\$	\$	
Miscellaneous bank deposit	\$	\$	\$	
Pensions	\$	\$	\$	
Rental income	\$	\$	\$	
Royalties or dividends	\$	\$	\$	
Spousal support (alimony)	\$	\$	\$	
Training allowance	\$	\$	\$	
Worker's Compensation payments	\$	\$	\$	
Other	\$	\$	\$	
<b>Although the forms of income below will not be applied to your monthly budget, they must be declared each month.</b>				
Canada child benefit	\$	\$		
Disability tax credit	\$	\$	\$	
GST	\$	\$	\$	

I/We am/are aware that making false or misleading statements on my/our application for social assistance is an offence under the Criminal Code of Canada, and that I/we may be charged accordingly if I/we make false or misleading statements.

Comments

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
YYYY/MM/DD

\_\_\_\_\_  
YYYY/MM/DD

Date

Date

Information contained in this form is collected, used and disclosed in accordance with Yukon's Health Information Privacy and Management Act and other applicable laws. A written statement of Health and Social Services information practices can viewed at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's Privacy Officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca)