

Information for Applicants

The fastest way to apply for Income Support is by calling the following number: 1-877-729-7888.

If you apply by telephone, a copy of the completed application will be sent to you for your signature. You also have the option of completing this paper application; however, your date of application will be the date it is received by the Department.

Please ensure that you (and your spouse, if applicable) complete and sign the "Application for Income Support" and the "Rights, Responsibilities and Client Consent" forms in **Black** or **Blue** ink. You should read the Rights, Responsibilities and Client Consent form carefully. When you sign this form, you are giving consent to the Department of Social Supports and Well-Being to contact other agencies in order to verify information on your application.

Your financial institution must also complete the enclosed direct deposit form or you may complete the form and include a void cheque. This eliminates the risk of your payment being lost or stolen and ensures you receive payment on time.

Please ensure that you attach all the necessary documentation with your application (as indicated in the attached checklist). **Your application is valid for 30 days.** Any delays may result in having to complete a new application.

You may be requested to provide additional information or to visit the District Office for a personal interview.

To ensure your application is processed in a timely manner, please mail or fax the "Application for Income Support", "Rights, Responsibilities and Client Consent" form, "Direct Deposit" form and all necessary documentation to the address below:

Document Processing Unit
Department of Social Supports and Well-Being
PO Box 8790
St. John's, NL
A1B 5E4
Fax # (709)729-2641
incomesupport@gov.nl.ca

Application for Income Support Benefits

Case #: _____ (If known)

A. PERSONAL INFORMATION

	Adult 1	Adult 2
Name:		
SIN:		
MCP:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Family Status:	<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married/Common Law	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced
Highest Secondary Education:	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Partial High School <input type="checkbox"/> ABE <input type="checkbox"/> GED <input type="checkbox"/> No Formal Education	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Partial High School <input type="checkbox"/> ABE <input type="checkbox"/> GED <input type="checkbox"/> No Formal Education
Highest Post-Secondary Education:	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Apprenticeship <input type="checkbox"/> College/Technical Graduate <input type="checkbox"/> Partial University <input type="checkbox"/> Partial College/Technical <input type="checkbox"/> No Post-Secondary	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Apprenticeship <input type="checkbox"/> College/Technical Graduate <input type="checkbox"/> Partial University <input type="checkbox"/> Partial College/Technical <input type="checkbox"/> No Post-Secondary
Employment Status:	<input type="checkbox"/> Unemployed Available <input type="checkbox"/> Employed – Full Time <input type="checkbox"/> Employed – Part Time <input type="checkbox"/> Employed – On Strike <input type="checkbox"/> Employed – Own Business	<input type="checkbox"/> Unemployed Available <input type="checkbox"/> Employed – Full Time <input type="checkbox"/> Employed – Part Time <input type="checkbox"/> Employed – On Strike <input type="checkbox"/> Employed – Own Business
Reason for applying for assistance at this time:		
Are there any reasons why you cannot work at this time:		

B. FAMILY INFORMATION

Children/Dependents (living with you)	Date of Birth	MCP

C. ADDRESS INFORMATION

Mailing Address	
Residential Address	<input type="checkbox"/> Same as Mailing Address
Phone Number	
Email Address	

D. ACCOMMODATIONS (Select One Option)

RENT	Actual Rental Amount	Landlord	
	\$		
Housing Type:	<input type="checkbox"/> Apartment <input type="checkbox"/> Bedsitter <input type="checkbox"/> Condo <input type="checkbox"/> House/Mobile Home <input type="checkbox"/> Subsidized Unit		
Utility Included:	<input type="checkbox"/> Pay Own Utilities <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Heat and Electricity		
RENT TO OWN	Actual Rental Amount	Landlord	
	\$		
Housing Type:	<input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> MobileHome		
OWN HOME - MORTGAGE	Actual Mortgage Payment Amount	Financial Institution	
	\$		
Housing Type:	<input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> MobileHome		
Is there disability /life insurance on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____			
Municipal tax payment included in your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are responsible for paying your own Municipal taxes, you may complete the Municipal Tax Consent Form and payment can be made on your behalf <i>after 90 days</i> .			
OWN HOME – NO MORTGAGE	How long have you resided at this address?		
Housing Type:	<input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> Mobile Home		
Other individuals living in the home not listed above <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Arrangement	Relationship	Start Date
Board & Lodging (B&L) RELATIVES Parent/Grandparent/Child	How long have you resided at this address?		
B & L NON - RELATIVES	How long have you resided at this address?	Name of Landlord	
RESIDENTIAL FACILITY	How long have you resided at this address?	Name of Institution	

E. PRIVATE HEALTH CARE

Private Health Care (e.g. Blue Cross) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Provider	Plan Owner	Type of Coverage (e.g. drugs/dental)	% Covered	Beneficiaries

F. ASSETS

Type	<input type="checkbox"/> No Assets Declared				
<input type="checkbox"/> Bank Accounts	<input type="checkbox"/> Government Bonds		<input type="checkbox"/> Shares		
<input type="checkbox"/> Bonds	<input type="checkbox"/> RDSP		<input type="checkbox"/> Debentures		
<input type="checkbox"/> Stocks	<input type="checkbox"/> RRSP – General (over \$10,000)		<input type="checkbox"/> GIC's Term Deposits		
<input type="checkbox"/> Money in Trust by Others	<input type="checkbox"/> RRSP – General (up to \$10,000)		<input type="checkbox"/> Life Insurance: Matured		
<input type="checkbox"/> Life Insurance: Not Matured	<input type="checkbox"/> RRSP – Locked In		<input type="checkbox"/> Prepaid Funeral		
<input type="checkbox"/> Support Trust (up to \$100,000)	<input type="checkbox"/> Support Trust (over \$100,000)		<input type="checkbox"/> Other Assets		
<input type="checkbox"/> Cash on Hand	<input type="checkbox"/> Mutual Funds				
Value of Asset or Account Balance	Maturity Date (If applicable)	Account Number	Branch	Financial Institution	Client

G. INCOME

<input type="checkbox"/> No Income Declared			Income – Past 30 days (Verification Required)		
If no income declared, how have you supported yourself for the past 30 days?					
Add any additional source of income not listed below					
Income Detail	<input type="checkbox"/> Boarder Income Non-Relatives: Anyone other than Parent/Grandparent/Child <input type="checkbox"/> Employment & Training/Student Aid/Skills Development <input type="checkbox"/> Earnings/Fishery Income/Business Income/Severance <input type="checkbox"/> Insurance Settlement <input type="checkbox"/> Pensions (CPP, Disability, Private, Government, Survivor's, Veterans, etc.) <input type="checkbox"/> Scholarships <input type="checkbox"/> Social Assistance – NL or other Provinces <input type="checkbox"/> Spousal Support Payment <input type="checkbox"/> War Veterans Allowance <input type="checkbox"/> Winnings Game of Chance/Lottery			<input type="checkbox"/> EI Benefits <input type="checkbox"/> Federal Compensation Benefits <input type="checkbox"/> Inheritance/Estate Payment <input type="checkbox"/> Life Insurance Payout <input type="checkbox"/> OAS/GIS/The Allowance/ The Allowance for the Survivor <input type="checkbox"/> Rental Income <input type="checkbox"/> Sale of Property or other fixed assets <input type="checkbox"/> WHSCC Benefits <input type="checkbox"/> Other Income/Income from any other source	

Income Applied For	Name of Recipient	Date (yy/mm/dd)	Amount per Month
			\$
			\$
			\$
Income Received	Name of Recipient	Date (yy/mm/dd)	Amount per Month
			\$
			\$
			\$

H. EMPLOYMENT RELATED EXPENSES

<input type="checkbox"/> No Expenses Declared	
Expense Type	<input type="checkbox"/> Childcare (Children 12 years of age and under) <input type="checkbox"/> Childcare (Children 13 years of age and older – a medical note is required) <input type="checkbox"/> Transportation <input type="checkbox"/> Other

If you are self-employed or had a self-employed business that you recently closed, you must complete the Metro Business Opportunities Referral and the Monthly Self-Employment Report found on the forms section of the website.

I. HEALTH RELATED

- Are you currently receiving any type of supportive services from Health and Community Services or a Regional Health Authority (e.g. home supports)? ☐ Yes ☐ No
- Do you have other expenses/circumstances that may be considered in assessing your application (e.g. diabetes, special diet, pregnant, or disability)? ☐ Yes ☐ No
Documentation from an Approved Professional is required to verify this information.

In the space below feel free to provide any other information which you feel may assist in the processing of this application and the determination of benefits:

Please return your completed application and supporting documents immediately.

J. DECLARATION AND SIGNATURE

I/We declare that the information and answers given to the questions on this application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for Income Support and/or to obtain Employment and Training Services, and may be subject to verification by Department staff.

I/We understand that all changes in my/our circumstances are to be reported to a Client Services Officer at the District Office immediately, including changes in income, family size, living arrangements, etc.

I/We understand that knowingly making false and misleading statements is an offence. Persons making false declarations may be subject to prosecution.

Signature of Applicant or Trustee

Current Date (yyyy/mm/dd)

Witness (for those who sign with an X)

Signature of Spouse/Partner

Current Date (yyyy/mm/dd)

Witness (for those who sign with an X)

Other Departmental Services

In addition to Income Support, the Department of Social Supports and Well-Being can refer you for other available services throughout government: Please indicate if you would like to be referred to any of these services:

- | | | |
|---|------------------------------|-----------------------------|
| ▪ Help to prepare and look for a job or training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Help to obtain and/or review child and spousal support orders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client

Name of Spouse (if applicable)

File #:

Address

All new and re-opened applicants for income support benefits must complete this form upon application for services.

Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

Rights

The Department of Social Supports and Well-Being (hereinafter referred to as the "Department") respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA, 2015)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the Department; and have the right to request the correction of their personal information if there has been an error or omission. The Department has the authority to collect personal information in accordance with section 14 and 17 of the *Income and Employment Support Act* and section 5, 6 and 7 of the *Income and Employment Support Regulations*.

Responsibilities

I agree to report to the Department any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of the Department. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependents; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

Client Consent to Release and Exchange Personal Information

I give consent to the Department to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependent students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to the Department employees. This information may be about individual needs, income, assets, employment (including Record of Employment documents), marital status or any entitlement I may have to benefits under

other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education, Justice and Public Safety, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; WorkplaceNL; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for the Department to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by the Department.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of the Department. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

- (a) the most recently available of the two taxation years prior to the year of signing this form,
- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department. Contact information may be found: <https://www.gov.nl.ca/cssd/departement/contact/is/>

Signature of Applicant/Client

Social Insurance Number of Applicant

Current Date

Signature of Power of Attorney or Trustee for Applicant (if applicable)

Current Date

Signature of Spouse

Social Insurance Number of Spouse

Current Date

Signature of Power of Attorney/Trustee for Spouse (if applicable)

Current Date



RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

Name of Client

Name of Spouse (if applicable)

File #:

Address

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Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

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Responsibilities

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I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of the Department. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependents; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

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I give consent to the Department to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependent students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to the Department employees. This information may be about individual needs, income, assets, employment including Record of Employment documents), marital status or any other entitlement I may have to benefits

PLEASE KEEP FOR YOUR OWN RECORDS



under other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education, Justice and Public Safety, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; WorkplaceNL; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for the Department to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by the Department.

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- (b) the current taxation year and,
- (c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department. Contact information may be found at <https://www.gov.nl.ca/cssd/departement/contact/is/>.

Signature of Applicant/Client

Social Insurance Number of Applicant

Current Date

Signature of Power of Attorney or Trustee for Applicant (if applicable)

Current Date

Signature of Spouse

Social Insurance Number of Spouse

Current Date

Signature of Power of Attorney/Trustee for Spouse (if applicable)

Current Date



REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name: _____

Mailing Address: _____

Telephone #: _____

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

Signature _____

Date _____

Please attach a cheque marked "VOID" to support the information. If this is not possible, please have an official from your financial institution verify your account information and sign below.

Bank or Financial Institution: _____

Branch Address: _____

Bank Telephone #: _____

TRANSIT # ☐ ☐ ☐ ☐ ☐ ID # ☐ ☐ ☐

ACCOUNT # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Signature of Official _____

Date _____

CLIENT INFORMATION

Name: _____

Case #: _____

Residential Address: _____

District Office: _____

Please return this form to:

Department of Social Supports and Well-Being
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL
A1B 5E4

Fax#: 729-2641 email: incomesupport@gov.nl.ca



Department of Social Supports and Well-Being

Consent Form for the Payment of Taxes and Fees

Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)

The Department of Social Supports and Well-Being requires your consent below in accordance with section 68. (1)(b) of ATIPPA, 2015.

Furthermore, under ATIPPA, 2015: your personal information is protected in accordance with section 64.(1); you have the right to access your personal information in accordance with section 8.(1); and, you have the right to request the correction of your personal information in accordance with section 10.(1) if there has been an error or omission.

If you have any questions regarding how your personal information is collected or used, you may contact the department's ATIPP Coordinator. Contact information for all departmental ATIPP Coordinators is available at: www.atipp.gov.nl.ca/info/coordinators.html

Client Consent to Release and Exchange Personal Information (Please tick only 1 choice)

- ☐ **I give consent** for the Department of Social Supports and Well-Being to make payments on my behalf directly to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees. This consent is effective for taxes owing as of my eligibility date for Income Support benefits (after 90 days of receiving benefits) and continues until withdrawn, or I am no longer in receipt of those benefits. If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department of Social Supports and Well-Being.
- ☐ **I do not give consent** to Department of Social Supports and Well-Being to make payments on my behalf to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees.

Signature of Client (or Trustee)

Date

Signature of Spouse (if applicable)

Date

Community

CSSD File #

Application for Income Support Benefits – Checklist

This document is for your use and will help ensure you have included all the required information. Applications normally require the following:

Identification (if you have not previously provided):

- Copy of Social Insurance Card (SIN) for all adults - if you don't have a card you can send a Federal document showing your name and number such as an Income Tax Notice of Assessment or some other written letter from the federal government.
- Copy of verification of birth for all family members. This can be birth or baptismal certificates, MCP cards, driver license, passport, Citizenship, Immigration, Naturalization or Canadian Landed Resident papers.

Income/Assets:

- Verification of all income for the 30 day period before the date you apply.
- Most recent dated bank statement, verification of current balance and direct deposit form.
- Verification of any RRSP, stocks or bonds, etc. (if applicable).
- If you are waiting on a lawsuit/insurance settlement, we will need verification including the name and address of your lawyer.
- If you are self-employed, a Metro Business Opportunities form must be completed and returned with this application; this form can be found on our website at <https://www.gov.nl.ca/cssd/files/forms-referral-to-metro-bus-opp.pdf>

Accommodations:

- Rent (couples and families) - send a recent rent receipt **and** a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included (*we will allow you 30 days to provide these documents*).
- Rent (single applicants) - send verification that you have been renting for the previous six months and a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included (*we will allow you 30 days to provide these documents*).
- Mortgage – send a copy of your mortgage papers **or** have your mortgage company complete a Mortgage Verification Statement form. This form is found on the Department website at <https://www.gov.nl.ca/cssd/files/forms-mortgage-verification-statement.pdf>
- Municipal Tax Consent Form.

Health and Special Benefits:

- MCP number (*not card*) for you and any family.
- Medical note for disability or special diet benefits (*there may be additional benefits to which you may be entitled*).