

## Income Support Application

### Introduction

Alberta Works helps people who can work, find and keep jobs, and helps individuals and families meet their basic needs. Depending on your situation, you may receive Employment and Training Services, Income Support, Health Benefits and/or Child Support Services.

Income Support helps people who have no other way to pay for the basics like food, clothing and shelter. Applicants are expected to access other sources of support (including income, assets, family help) before receiving Income Support. People who can work are expected to look for a job. If you need help to find a job, Income Support may refer you to employment services or programs.

### Applying for Income Support

Filling out this application is the first step in applying for Income Support. When you return it, you will be given a time to meet with a worker. Please ensure you have provided complete and true information about your family and financial situation on your application. **Do not sign your application until your meeting.** This application is a legal document. Make sure you read and understand the Declaration on page 6.

The worker will review the information you provide on your application to determine if you are eligible for Income Support. If you cannot speak English, bring someone with you who speaks English. This person is required to bring identification.

### Eligibility for Income Support Benefits

If you qualify, the income support benefits you receive will depend on the size of your family, the age of your children, your ability to work, and any special needs.

The core shelter benefit is for rent, mortgage, utilities, heating fuel, damage deposit, lot rental for a mobile home, municipal taxes for purchased housing, fire insurance, maintenance costs, or condominium fees.

The core essential benefit is for food, clothing, household supplies, personal needs, transportation and telephone.

You or a family member may be eligible for assistance with other specified costs (e.g. special medical diets, child care), whether you require this assistance every month or one-time only.

You may receive coverage for prescription drugs, optical, dental, ambulance services, and diabetic supplies. You may also be enrolled premium-free in the Alberta Health Care Insurance Plan.

### Your Information is Protected

The information you provide to Income Support or that is collected by the Income Support program is protected. This means there are strict rules about what information is collected about you (your spouse/partner or dependants), how this information is used, and who can access specific information. If you have questions about your information, please ask your worker.

### Your Rights and Responsibilities

If you are eligible for Income Support, your worker will explain your rights and responsibilities. You will receive the booklet, "Your Guide", which will provide more information.

If you have questions, click on [www.employment.alberta.ca](http://www.employment.alberta.ca), call 1-866-644-5135 toll free (or 780-644-5135 in Edmonton), or ask the staff at the Service Centre where you are applying.

**PLEASE KEEP THIS SHEET**

## Definition of Terms

### Persons in Relationships

<b>Dependant:</b>	Someone who is living with you, who you financially support, and who is under 18, or under 20 and attending Grades K-12.
<b>Partner:</b>	A person in a relationship of interdependence (see description below).
<b>Spouse:</b>	A person in a legal marriage.

### Types of Relationships and Marital Status

Refers to a person's current marital status and reflects the person's most recent relationship.

<b>Relationship of Interdependence:</b>	A relationship outside of marriage where two people reside together, share one another's lives, are emotionally committed to one another and function as an economic and domestic unit (common-law). This may include relationships where two people live together and are partner to an Adult Interdependent Partner Agreement or have a child or adopted child together. It also includes two people who have a relationship described above and have a financial interdependency, other than child support, but do not reside together (e.g. spouse/partner working out of town).
<b>Single:</b>	A person who has never married or who is not in a relationship of interdependence.
<b>Married:</b>	Two persons in a lawful union.
<b>Partner:</b>	A person in a relationship of interdependence.
<b>Separated from spouse/partner:</b>	A person who no longer lives with their spouse/partner or has left a relationship of interdependence but has (a) dependent child(ren) from that relationship.
<b>Divorced:</b>	A person who is divorced from their spouse.
<b>Widow/widower:</b>	A person whose spouse is deceased, or partner is deceased providing the person had entered into an Adult Interdependent Partner Agreement with the partner or had resided with the partner for at least three years.

### Other Terms

<b>Household Unit:</b>	A person and that person's spouse or partner and any dependent children.
<b>Relative:</b>	A parent, step-parent, adoptive parent, grandparent, adult child, adult grandchild, of you or your spouse/partner.
<b>Financial Administrator:</b>	A person who is appointed by you or the Director of Income Support to manage your Income Support funds if you are not able to manage your money.

### Documents - You will be required to bring in the following information. Further documents may be required.

- Completed **Income Support Application and Schedules if required**
- Completed **Direct Deposit Registration**
- **Identification (ID):** For you, your spouse/partner, or financial administrator: a document(s) with name, picture, signature and birth date. For dependants: a document with full name and birth date
- **Proof of employment income and/or other income** if applicable
- **Proof of assets:** Documents to show the value of assets
- **A medical form/letter from a doctor** if unable to work or limited in working due to health reasons
- Documents to show other need if applicable (e.g. if special diet, note from doctor identifying type of diet)
- **Your immigration papers** if you immigrated to Canada in the past 10 years



**Section 2 Spouse/Partner Information (If currently part of your household unit)**

Last Name  First Name

Middle Name

Last Name on Birth Certificate (if different)  Other Preferred First Name (alias)

Birth date (yyyy/mm/dd)  Social Insurance Number (SIN)  Alberta Personal Health Number

Area Code  Home Phone Number  Area Code  Other Phone Number (if applicable)

**Gender**  Male  Female **Grade Level** Highest grade level completed at school?

**Employment Insurance (E.I.) Status**  
 Are you currently receiving E.I.?  Yes  No Have you recently applied for E.I.?  Yes  No

**Immigration Status**  
 Did you immigrate to Canada or are you a foreign national?  Yes  No  
 If yes, what is your status?  \*Refugee Class  \*Family Class  Economic Class If Other, specify:

Refugee Claimant  Temporary Resident Permit Holder (Minister's Permit Holder)

\*If sponsored as Refugee or Family Class, ~~do not~~ complete **Schedule B**

Arrival Date in Canada (yyyy/mm/dd)  Arrival Date in Alberta (yyyy/mm/dd)

**First Nations Status**  
 Do you have an Indian Registration Number?  Yes  No Band  Family  Position

If yes, are you living on Reserve?  Yes  No Do you receive funds from your band?  Yes  No

**Section 3 Dependent Children Information (Refers to someone who is living with you, who you financially support and who is under 18 or under 20 attending Grades K-12) For dependants 18-19, complete Schedule C in addition to section below.**

**Child 1**  
 Last Name  First Name

Middle Name  Birth date (yyyy/mm/dd)  Alberta Personal Health Number

Gender  Male  Female Relationship to Applicant:

Is this child attending Grades K-12?  Yes  No  
 Is this child working?  Yes  No  
 Are **both** you and your spouse/partner the biological or adoptive parents of this child?  Yes  No ➤ If No, ~~do not~~ complete **Schedule A**

Does this child have an Indian Registration Number?  Yes  No

**Child 2**  
 Last Name  First Name

Middle Name  Birth date (yyyy/mm/dd)  Alberta Personal Health Number

Gender  Male  Female Relationship to Applicant:

Is this child attending Grades K-12?  Yes  No  
 Is this child working?  Yes  No  
 Are **both** you and your spouse/partner the biological or adoptive parents of this child?  Yes  No ➤ If No, ~~do not~~ complete **Schedule A**

Does this child have an Indian Registration Number?  Yes  No

### Section 3 Dependant Information (continued)

#### Child 3

Last Name  First Name

Middle Name  Birth date (yyyy/mm/dd)  Alberta Personal Health Number

Gender  Male  Female Relationship to Applicant:

Is this child attending Grades K-12?  Yes  No  
 Is this child working?  Yes  No

Does this child have an Indian Registration Number?  Yes  No Are **both** you and your spouse/partner the biological or adoptive parents of this child?  Yes  No ➤ If No, ~~do not~~ complete **Schedule A**

#### Child 4

Last Name  First Name

Middle Name  Birth date (yyyy/mm/dd)  Alberta Personal Health Number

Gender  Male  Female Relationship to Applicant:

Is this child attending Grades K-12?  Yes  No  
 Is this child working?  Yes  No

Does this child have an Indian Registration Number?  Yes  No Are **both** you and your spouse/partner the biological or adoptive parents of this child?  Yes  No ➤ If No, ~~do not~~ complete **Schedule A**

*If more than 4 children live in your household, attach an additional sheet.*

### Section 4 Type of Accommodation You Live In

Private Housing (mortgage, rent, room and board) Including amount paid monthly for utilities \$

Public/Social Housing. Do you pay your own power/electricity?  Yes  No

Living with Relatives (indicate relationship with adult relative)  Parent/Step-parent  Grandparent  Adult child/Adult grandchild

Approved Home/Group Home

Nursing Home/Long Term Care Facility/Auxiliary Hospital

No Shelter Costs/No Fixed Address

Is anyone else living with you other than the spouse/partner and dependants you have listed?  Yes  No

If yes, explain:

### Section 5 Additional Costs

**Do you have additional costs for:**

Child Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Total Monthly Amount \$ <input type="text"/>	Who provides the care? If family member, give relationship: <input type="text"/>
				Do they live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health needs (e.g. special diets, medical/surgical supplies)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Describe: <input type="text"/>	
Other needs (e.g. transportation to a job, employment program)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Describe: <input type="text"/>	

**Please ensure you attach receipts or documents to your application to support your additional costs.**

## Section 6 Employment Information

	Applicant	Spouse/Partner
1. Are you working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of work: (e.g. clerical, construction)	<input type="text"/>	<input type="text"/>
Average number of hours per week:	<input type="text"/> hours	<input type="text"/> hours
2. Are you able to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	<input type="text"/>	<input type="text"/>
	(yyyy/mm/dd)	(yyyy/mm/dd)
3. If you are not working, when did you last work?	<input type="text"/>	<input type="text"/>
4. Reason for leaving last job:	<input type="text"/>	<input type="text"/>

## Section 7 Monthly Income

	Applicant	Spouse/Partner
	If yes, net amount:	If yes, net amount:
1. Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
2. Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
3. Pensions (e.g. Canada Pension Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
4. Employment Insurance (EI)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
5. Band Payments/Per Capita Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
6. Child Support/Adult Support	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
7. Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
8. Training Allowance/Student Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
9. Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
10. Income from Boarders	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
11. Federal Child Tax Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
12. Other government funds (e.g. foster parent, post adoption benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
13. Honorarium, Tips, Commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
14. Other (e.g. Winnings) Describe:	<input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>	<input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/>
15. Child(ren) not in school, who are working, please indicate monthly net employment income.		\$ <input type="text"/>

## Section 8 Assets

	<b>Applicant</b>		<b>Spouse/Partner</b>	
Did you or your spouse/partner receive an Income Tax refund this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount: \$ <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount: \$ <input style="width: 100%;" type="text"/>

### Do you or your spouse/partner have any assets?

		Value		Description/Comments
1. Bank Accounts/Cash on Hand Negotiable Cheques	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
2. Stocks/Bonds/Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
3. RRSPs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
4. Vehicle(s) - value of car minus amount owed	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
5. Vehicle(s) - adapted for a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
6. Property or land - other than the home you live in	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
7. Cash surrender value of life insurance policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
8. Other assets, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
9. Did you sell or give away any assets in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

