

# Employment and Income Assistance Application Renewal

**Please Print**

This form is an addendum to the Employment and Income Assistance Application form made in writing by \_\_\_\_\_ and \_\_\_\_\_  
 Applicant Spouse (if applicable)  
 and therefore is deemed to be part of that Application form dated \_\_\_\_\_

1. Month last benefit issued: \_\_\_\_\_ / \_\_\_\_\_ Reason case closed: \_\_\_\_\_  
 M Y

2. Address: Apt. #: \_\_\_\_\_ Street: \_\_\_\_\_ Suffix: \_\_\_\_\_ Dir.: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Message at: \_\_\_\_\_ At Present Address Since: \_\_\_\_\_  
 Address Comments: \_\_\_\_\_

3. Total of household members requiring Income Assistance? \_\_\_\_\_ Is the number and content of the household different from the original Application taken on the date mentioned above? Yes  No   
 If yes, complete new Employment and Income Assistance application form.

4. Are all school age children attending school? Yes  No  If no, provide details. \_\_\_\_\_

5. Have there been any changes from the original Application taken on the date mentioned above in liquid assets (e.g., money in the bank, stocks, bonds) or non-liquid assets such as vehicles and property?  
 Yes  No  If yes, provide details. \_\_\_\_\_

6. Do any members of the household have earned or unearned income? Yes  No   
 If yes, provide details. \_\_\_\_\_

7. Employment History and Job Plan completed? Yes  No  Not Applicable

8. What has changed to reactivate this file? \_\_\_\_\_

9.

Most Recent Employment	Duration M/Y		Occupation	Code	Employed (EFT/EPT/ES)
	From	To			

## Declaration of Applicant and Spouse

I/we do hereby acknowledge having signed the Application for Employment and Income Assistance dated the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), and, subject to the changes contained in this Reapplication for Employment and Income Assistance, I/we declare that the information contained in the above-mentioned Application remains true and accurate to the best of my/our knowledge and belief. I/we do also hereby acknowledge that the portions of the above-mentioned Application entitled Authorization for Information and Declaration of Legal Representative of the Applicant (if applicable) remain binding and in force as if the original Authorization and Declaration were contained in this document.

Name of Applicant (please print)	Signature of Applicant	Date
Social Insurance Number of Applicant	Signature of Witness	
Name of Spouse (please print)	Signature of Spouse	Date
Social Insurance Number of Spouse	Signature of Witness	

### OFFICE USE

	Yes	No	Case Number	Rel'ship	D.O.	Case Number	Rel'ship	D.O.	Case Number	Rel'ship	D.O.
<b>PRIOR CONTACTS</b>	<b>AP</b>										
	<b>SP</b>										
	<b>DC1</b>										
	<b>DC2</b>										
	<b>DC3</b>										
	<b>DC4</b>										
	<b>DC5</b>										
<b>DC6</b>											

<b>OTHER</b>	File # assigned _____ Enrollment Approval Required: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, by (level) _____
	Income Assistance effective date: _____ Category: _____
	Fin. Worker: _____ Counsellor: _____ Income Declaration: No <input type="checkbox"/> Yes <input type="checkbox"/>
	HS Code: _____ Data Entry by: _____ Case Audit by: _____ HV Date/Code: _____
	Reject Reason Code: _____ Enrollment Approved by: _____