

EMPLOYMENT AND INCOME ASSISTANCE REVIEW

Employment and Income Assistance requires a review of the circumstances of each income assistance client. Please complete all sections of the form and return it within 7 days to your District Office using the self-addressed return envelope.

CLIENT ADDRESS DISTRICT OFFICE

PLEASE ANSWER ALL QUESTIONS APPROPRIATELY INDICATING "YES", "NO", OR "N/A" (NOT APPLICABLE) she pre-printed information correct? NoYesN/A What is your phone number? tron, please correct by printing the information we all of the children listed above living with you and attending school? NoYesN/A f your children are of school age, please list the name(e), and grade(e) of your children and the school they attend. If your children are of school age and not attending school, please provide details. If your presents living in your home who are not listed above? NoYes fas your marital status changed in the past year? NoYes Yes, in what way? When? NoMembraneof or your family working now? No Yes Yes, provide name of employer No yes No yes No Yes No No	SURNAME	GIVEN NAME	INITIAL	BIRTH DATE	S.I.N.	PHIN NUMBER
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THE FOLLOWING SECTION REFERS TO ANY MONIES, PROPERTY OR OTHER ASSETS HELD BY AND/OR ON BEHALF OF THE CLIENT, SPOUSE OR DEPENDENTS. PLEASE LIST ANY AND ALL ASSETS THAT YOU HAVE.

	YES	NO	CURRENT AMOUNT	ACCOUNT/POLICY NUMBER	NAME AND LOCATION OF INSTITUTION
BANK ACCOUNT/CREDIT UNION ACCOUNTS					
TRUST ACCOUNTS					
RRSP'S					
BONDS, GIC's, MUTUAL FUNDS					
LIFE/DISABILITY INSURANCE					
POLICIES					
FUNERAL PLAN					
OTHER					
TOTAL LIQUID ASSETS					
LIST ANY CASH, LOTTERY WINNIN LAST 12 MONTHS. Have you purchased, inherited and/or	GS, PRC	PERT	/, GIFTS, BUSI	NESS INVENTORY AND	D/OR EQUIPMENT ACQUIRED IN THE
If yes, please describe					
OWNERS OF PROPERTY If you are a home owner please provious recent copies of the following: - Property Tax Statement - House Insurance Policy Renewal				What is your current mo Principal & Interest_ Principal, Interest & T Mortgage Renewal D	ortgage payment? Faxes
UTILITY INFORMATION If you pay utilities please enclose all you months for review.	our utility	receipt	s or provide a d	etailed statement of cost	from the utility companies for the past twelve
COLLECTION OF PERSONAL INFORMA Personal information and personal health established under The Manitoba Assistance	informat	ion in tl	nis review is coll	lected for the Employment	and Income Assistance (EIA) program, which is
Personal information is collected to review prevent and detect fraud. Personal health					f assistance, to identify your service needs, and to
				•	Privacy Coordinator, 2-114 Garry St, Winnipeg
verifying my/our eligibility for assistance o municipal or band authority (such as Hur Compensation Board), any bank, credit ur and/or exchange information for that purp status, employment, income, assets, liabili personal information.	rsonal information representation or final cose. I/we ties and re-	unt of a urces D ancial in unders esources	ssistance. I/we a evelopment Cana stitution, and the tand this consen s, medical condition	uthorize any person, agenc ada, Citizenship and Immig Minister responsible for the t includes requests pertaini on, family status, benefits re	ay be required for the purpose of determining o y or organization, including any federal, provincial ration, Manitoba Public Insurance or the Workers e Act or the Minister's representative(s), to release ing to my/our Social Insurance Number(s), marita eceived under other programs or any other relevant
A photocopy of this signed consent to disc DECLARATION (INCLUDING SPOUSE. II			t to authorize the	disclosure and/or exchang	e of information.
	in this re	view is t			owledge and belief. I/we have not misrepresented
I/we acknowledge my/our legal obligation of assistance, including any changes of ac					ffect my/our eligibility for assistance or the amount on.
name (please PRINT)			signatu	ure	date
spouse's name (please PRINT)			signatu	ure	date
The information will be relevant to, and wenforcement of the EIA program under The	ent and Inc ill be used ne Manitol	ome Assistant	sistance (EIA) info for the purpose stance Act and the	rmation from my/our income of determining and verifying ne Employment and Assista	e tax returns and other related taxpayer information g eligibility for, and the general administration and ance Regulation. This authorization is valid for the insecutive year for which assistance is requested.
name (please PRINT)			signatu	ure	date
spouse's name (please PRINT)			signatu	ure	date
	sibility of the	he EIA p	participant's legal		ose of his/her receipt of assistance under The Ac acknowledge and accept these conditions on the
legal representative's name (plea	ase PRINT		legal re	epresentative's signature	date