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 Healthy Baby: Manitoba Prenatal Benefit
 100-114 Garry Street, Winnipeg, Manitoba, Canada R3C 4V4
 T 204-945-1301 F 204-945-3930 Toll-Free 1-877-587-6224
 www.manitoba.ca

DECLARATION OF INCOME FOR MINOR APPLICANTS

PERSONAL INFORMATION:
 You must be 18 or under and have never filed income tax to use this form.
 (Please print)

Last Name: _____ First Name: _____
 Date of Birth: _____ SIN: _____
 Mailing Address: _____ Home telephone: _____
 Postal Code: _____

APPLICANT'S DECLARATION:

Please check the box that describes your situation.

- I have never worked
- I have worked but made less than **\$15,000.00**
 (basic personal income tax exemption by Canada Revenue Agency)

I understand that the information contained on this form will be added to my application for Healthy Baby: Manitoba Prenatal Benefits. I consent to Healthy Child Manitoba using this information for the general administration and enforcement of the program. Any other use or any disclosure of this information by Healthy Child Manitoba must be authorized by me or authorized under the *Freedom of Information and Protection of Privacy Act of Manitoba*.

I understand that I am not automatically entitled to program consideration and that the Manitoba Prenatal Benefit office will review the information I am providing on this form. The office will decide if program consideration will apply to me.

APPLICANT: (Signature is required)

Signature: _____ Date: _____

NOTE: It is in your best interest to file income tax, even if you have never worked or made less than the basic exemption. Doing so will create eligibility for other programs such as the National Child Benefit.