



# Stó:lō Service Agency

Bldg. #5-7201 Vedder Road, Chilliwack, B.C., Canada, V2R 4G5  
Tel. (604) 858-3691

## SOCIAL ASSISTANCE MONTHLY RENEWAL DECLARATION

PROTECTED (When Completed – To be handled by authorized personnel only).

If you and/or your spouse require continued Social Assistance, complete and return this form no later than the end of the month.

1. Are you and/or your spouse still in need of Social Assistance?  YES  NO

2. Has your marital/employment situation changed?  YES  NO

If yes, explain \_\_\_\_\_

3. List any changes in your living situation (e.g. address, rent, etc...) Submit new receipts for all changes  
\_\_\_\_\_

4. Is there any changes in the number of dependants or their school status?  YES  NO

If yes, explain \_\_\_\_\_

5. Have you and/or your spouse had any earned/unearned income this month?  
 YES  NO

If yes, Complete: Earnings/Wages \$ \_\_\_\_\_  
Child Tax Credit \$ \_\_\_\_\_  
C.P.P., E.I. W.C.B. \$ \_\_\_\_\_  
Band Distribution \$ \_\_\_\_\_  
Education Allowance \$ \_\_\_\_\_  
B.C. Family Bonus \$ \_\_\_\_\_  
Child Support Benefits \$ \_\_\_\_\_

Other (Specify): \_\_\_\_\_ \$ \_\_\_\_\_  
Cheque Issued for: (Month) \_\_\_\_\_ (Yr) \_\_\_\_\_

6. Have there been any changes in you and /or your spouse's assets?  YES  NO

If yes, Complete: Bank Account \$ \_\_\_\_\_

Property (Land Lease) \$ \_\_\_\_\_

7. I am presently living on \_\_\_\_\_ Reserve.

8. Are you receiving caregiver costs for Foster Parenting?  YES  NO

If yes, How much? \$ \_\_\_\_\_

**I declare that this is a true statement concerning my monthly income, assets, marital, employment and family status. I give permission for this information to be verified and I consent to a report being obtained from any reporting agency for that purpose.**

\_\_\_\_\_  
Status Number / SIN

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Status Number / SIN

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date