

# EMPLOYMENT AND INCOME ASSISTANCE APPLICATION



## (Households with Two Adults)

<i>Client Identification (Members of the household for whom assistance is requested)</i>					
<b>Applicant</b> (Last Name, Given Name, Middle Name(s))					Name Type (eg., legal, maiden)
Date of Birth (month/day/year)	Sex	SIN	MB Health Registration No.		PHIN
Maiden Name and/or Other Names (Last Name, Given Name, Middle Name(s))					Name Type (e.g., legal, maiden)
Marital Status			Effective Date		
Treaty No.	Band No. and Name		Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			If no, date of arrival in Canada _____		
			Immigration Category _____		

<b>Second Adult (Spouse or Common-Law)</b> (Last Name, Given Name, Middle Name(s))					Name Type (eg., legal, maiden)
Date of Birth (month/day/year)	Sex	SIN	MB Health Registration No.		PHIN
Maiden Name and/or Other Names (Last Name, Given Name, Middle Name(s))					Name Type (e.g., legal, maiden)
Marital Status			Effective Date		
Treaty No.	Band No. and Name		Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			If no, date of arrival in Canada _____		
			Immigration Category _____		

<b>Dependent Child</b> (relationship)		(Last Name, Given Name, Middle Name(s))			
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School	
		Grade Level _____			
Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))			
If no, date of arrival in Canada _____					
Immigration Category _____					

<b>Dependent Child</b> (relationship)		(Last Name, Given Name, Middle Name(s))			
Date of Birth (month/day/year)	Sex	PHIN	Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School	
		Grade Level _____			
Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))			
If no, date of arrival in Canada _____					
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Born in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Names Known by (Last Name, Given Name, Middle Name(s))		
If no, date of arrival in Canada _____				
Immigration Category _____				

**Current Address**

Apt. No. \_\_\_\_\_ Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Address Comments \_\_\_\_\_

**Address History**

Applicant List all addresses for the past year	Dates		How did you support yourself?
	From	To	

**Address History**

Second Adult List all addresses for the past year	Dates		How did you support yourself?
	From	To	

## Shelter and Utilities

### Shelter and Utilities

Do you pay for shelter? Yes  No  Do you pay for utilities? Yes  No

If yes to either question, complete the section(s) below that apply to you. If no to both questions, continue on the next page.

### Rent

Room  Apartment  Trailer  House  Shared  Subsidized  Housing Authority  Non-Profit Housing

Furnished

Utilities included in rent: Hydro  Water  Fuel/Heat  Appliances Included: Washer  Dryer

Identify other persons living in the home \_\_\_\_\_

If rent is shared, with whom? \_\_\_\_\_

Amount of rent \$ \_\_\_\_\_ Amount of rent for which applicant is responsible \$ \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Landlord's mailing address \_\_\_\_\_ Caretaker's Phone Number \_\_\_\_\_

Other shelter needs \_\_\_\_\_

### Owners

Home Owner  Trailer Owner  Subsidized Mortgage

Total balance remaining on first mortgage \$ \_\_\_\_\_ Monthly payment: Principal, Interest & Taxes \$ \_\_\_\_\_ or Principal & Interest \$ \_\_\_\_\_

Net Annual Taxes \$ \_\_\_\_\_ Tax arrears? Yes  No  Amount \$ \_\_\_\_\_

Mortgage holder's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mortgage holder's mailing address \_\_\_\_\_

Mortgage renewal date \_\_\_\_\_ House insurance  Amount \$ \_\_\_\_\_ Annual  Monthly

Identify other persons living in the home \_\_\_\_\_

If costs are shared, with whom? \_\_\_\_\_

Amount paid by other person(s) \$ \_\_\_\_\_

Other shelter needs \_\_\_\_\_

### Board and Room

Board and Room type: With relative  With non-relative

Provider's name \_\_\_\_\_ Provider's phone number \_\_\_\_\_

Provider's mailing address \_\_\_\_\_

Board and room amount \$ \_\_\_\_\_

### Other shelter types

Community Residence  Hospital  Institution  Personal Care Home  Residential Care Facility

### Utilities

Items for which Applicant is responsible	Equal Payment Plan Yes No		Cost/Month	Items for which Applicant is responsible (e.g., waste disposal, water delivery)	Cost/Month
Hydro:				Other:	
Water:				Other:	
Fuel/Heat (record type):				Other:	

**Assets**

Please answer Yes or No for each item below. Include details for all members of the household for whom assistance is requested. If the amount or value of an asset is not known, please indicate this under Current Amount or Market Value.

<b>Liquid Assets</b>	<b>Yes</b>	<b>No</b>	<b>Current Amount</b>	<b>Account or Policy Number</b>	<b>Company/Institution Name and Address</b>
Cash on Hand					
Bank Accounts					
Credit Union					
Stocks, Bonds, GIC's, RRSP's					
Insurance Policy					
Trust Funds					
Other (Specify)					
Other (Specify)					
<b>Other Assets</b>	<b>Yes</b>	<b>No</b>	<b>Market Value</b>	<b>Amount Owing</b>	<b>Legal Description</b>
Property - Home/Land/House Trailer/Cottage					
Business/Farm/Fishing Inventory/Equipment					
Vehicles/Recreation Vehicles					
Funeral Plan					
Other (specify, e.g., boat, motor, snowmobile)					
Other (specify, e.g., boat, motor, snowmobile)					

**Debts and Transfer of Property****Most Significant Debts** (Maintenance, Student Loan, Credit Cards, Second Mortgage, Bankruptcy, Personal or Business, etc.)

\_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Transfer of Property or Assets**

Have any persons for whom assistance is requested sold, transferred or assigned any property or any assets in the past five years? Yes  No

If yes, provide details: \_\_\_\_\_

**Current Income Available** (e.g., Canada Pension Plan, Employment Insurance, Old Age Security, Property Rental, Maintenance)

<b>Source of Income</b>	<b>Recipient of Resource</b>	<b>Amount</b>	<b>Frequency of Payment</b>

**Do you have any Income Pending?** (e.g., Canada Pension, Employment Insurance, Old Age Security, Orphans Benefits, Insurance Settlement, Income from Wages)

<b>Source of Income</b>	<b>Date Expected</b>	<b>Amount Expected</b>

## Education and Training

### Applicant

Training/Education you are <b>currently attending</b>	School/Training Facility you are <b>currently attending</b>	Full-time/Part-time	Start (month/year)	End (month/year)
Area of Study				
Training/Education <b>completed in the past</b>	Area of Study	Province/Country	Date Completed (month/year)	
K-12 (Senior 1,2,3,4)				
Upgrading				
Trade				
Vocational				
College/University				
Training				
Other (specify)				

## Employment

### Applicant

What income have you received in the last 30 days? \$ \_\_\_\_\_ Are you actively looking for work? Yes  No

Have you received or contributed to Employment Insurance benefits during the past five years? Yes  No  If yes, when? \_\_\_\_\_

**Currently employed?** Yes  No

If yes, name of employer \_\_\_\_\_

Occupation \_\_\_\_\_

Start date of work (month/day/year)	Full-time, Part-time, Seasonal, Self-employed	Hours per week	Hourly wage
<b>Previous Employer/Location</b> (include volunteer work)	Occupation/Duties		
Reason for Leaving	Duration (month/year) From                      To	Hours per week	Hourly wage
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## Experience Gained Through Training, Volunteer Work or Employment

**Applicant** Pick the skill areas from the list below that best match your skills. In each area, show how you got your skill by picking one or more of the following codes:

**W** - Worked in skill area

**C** - Certificate

**P** - Partial Certificate/Training

**Y** - Skills acquired through volunteer work, hobbies or personal interest

**D** - Diploma

**A** - Apprenticed

Skill Areas		Skill Areas		Skill Areas		Skill Areas	
Accountant		Cooking		Hairdresser		Paralegal	
Accounting Clerk		Customer Service		Heavy Equipment Operator		Plumbing/Gas/Pipefitting	
Assembly/Electric		Delivery/Courier		Home Support Worker		Sales Representative	
Assembly/Mechanical		Dental Assistant		Kitchen Help		Security Guard	
Auto body		Drafting		Machine Operator		Sewing	
Baker		Electrical		Machinist		Sheet Metal Worker	
Bookkeeping		Electronics		Maintenance		Ship/Receive/Warehouse	
Butcher		Farmer/Farm Helper		Masonry		Teacher/Teacher's Aide	
Carpentry/Cabinet Making		Fishing-Commercial		Metal Forming		Teller	
Cashier		Food & Beverage Service		Metal/Woodwork		Trades Helper	
Child Care		Food Counter Attendant		Motor Vehicle Mechanics		Trapping	
Cleaner		Forestry/Logging		Nursing (any medical)		Truck Driver	
Clerical		General Labour		Nutrition/Dietary Aide		Upholstery	
Computer Operator		Graphic Arts		Painter		Welder	
Computer Programmer							
Valid MB Driver's Licence		Driver's Licence Class		Clear Driving Record		Vehicle Available	

Languages spoken or written (list):

Other Skills:

## Barriers to Employment

### Applicant

Are you able to start work right away? Yes  No  If no, provide details: \_\_\_\_\_

I expect to be ready to work by \_\_\_\_\_  
(month/day/year)

Do you wish to declare a medical condition, impairment or disability? Yes  No  If so, provide details: \_\_\_\_\_

## Child Care

Do you currently have child care? Yes  No  If yes, specify what type: Subsidized  Private  Family

Will you require child care while working? Yes  No  If yes, specify what type: Subsidized  Private  Family

## Other Supports

Other agencies or counsellors: Yes  No  If yes, who or what agency? \_\_\_\_\_

Friends or family: Yes  No  If yes, how they would help? \_\_\_\_\_

**EMPLOYMENT AND INCOME ASSISTANCE  
PERSONAL JOB PLAN**

**Applicant**

1. Kind of jobs I can look for with the skills I have:

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2. What I will do to look for work:

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3. Things I might need to do to be ready for work:

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4. Any information or help I might need:

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*Optional Information*

**Applicant**

Demographic Group (Check all that apply, for potential referral to special employment programs)

Visible minority

Aboriginal status

Non-status

Metis

Emergency or Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

*Optional Information*

**Second Adult**

Demographic Group (Check all that apply, for potential referral to special employment programs)

Visible minority

Aboriginal status

Non-status

Metis

Emergency or Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## Education and Training

### Second Adult

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Assembly/Mechanical		Dental Assistant		Kitchen Help		Security Guard	
Auto body		Drafting		Machine Operator		Sewing	
Baker		Electrical		Machinist		Sheet Metal Worker	
Bookkeeping		Electronics		Maintenance		Ship/Receive/Warehouse	
Butcher		Farmer/Farm Helper		Masonry		Teacher/Teacher's Aide	
Carpentry/Cabinet Making		Fishing-Commercial		Metal Forming		Teller	
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Child Care		Food Counter Attendant		Motor Vehicle Mechanics		Trapping	
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Computer Operator		Graphic Arts		Painter		Welder	
Computer Programmer							
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Languages spoken or written (list):

Other Skills:

## Barriers to Employment

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PERSONAL JOB PLAN**

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4. Any information or help I might need:

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**Employment and Income Assistance**

**COLLECTION OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION**

The personal information and personal health information in this application is collected for the Employment and Income Assistance Program, which is established under *The Employment and Income Assistance Act* and the *Employment and Income Assistance Regulation*.

The personal information and personal health information collected will be used to determine your household's eligibility for assistance and the amount of assistance, to identify your employment, medical and other service needs, and to prevent and detect fraud. Personal health information collected will also be used to enable Employment and Income Assistance to provide appropriate assistance and/or services to meet your identified health needs.

If you have questions about the collection of information, please contact the Family Services Access and Privacy Coordinator, 219-114 Garry Street, Winnipeg, (204) 945-2013.

**CONSENT TO DISCLOSURE OF INFORMATION**

We consent to the disclosure of any personal information and/or personal health information that may be required for the purpose of determining or verifying our eligibility for assistance or the amount of assistance. We authorize any person, agency or organization, including any federal, provincial or municipal government authority (such as Human Resources Development Canada, Citizenship and Immigration, Manitoba Public Insurance Corporation or the Workers Compensation Board), any bank, credit union or financial institution, and the Minister responsible for the Act or the Minister's representative(s), to release and/or exchange information for that purpose. We understand this consent includes requests pertaining to our Social Insurance Numbers, marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information.

A photocopy of this signed Consent to Disclosure is sufficient to authorize the disclosure and/or exchange of information.

**DECLARATION OF APPLICANT AND SPOUSE**

We declare that the information provided in this application is true and complete to the best of our knowledge and belief. We have not misrepresented, concealed, or omitted any information that may be relevant in determining our eligibility for assistance.

We acknowledge our legal obligation to immediately report any change in circumstances that may affect our eligibility for assistance or the amount of assistance, including any changes of address, marital or family status, employment or financial situation.

\_\_\_\_\_  
Name of Applicant (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**DECLARATION OF APPLICANT'S LEGAL REPRESENTATIVE (IF APPLICABLE)**

I, \_\_\_\_\_ of \_\_\_\_\_, Manitoba, declare that I have assumed the responsibility of the applicant's legal representative for the purpose of his/her application and receipt of assistance under *The Employment and Income Assistance Act* and *Regulation* (Manitoba). I have read the statements intended for the applicant in the Consent to Disclosure and Declaration above, and undertake to comply with their conditions on the applicant's behalf.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

**REVENUE CANADA AGENCY AUTHORIZATION OF APPLICANT AND SPOUSE**

I authorize Revenue Canada Agency to release to the Manitoba Department of Family Services and Consumer Affairs information from our income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of Employment and Income Assistance under *The Employment and Income Assistance Act* (Manitoba). This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which assistance is requested.

\_\_\_\_\_  
Name of Applicant (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date