Government of Newfoundland and Labrador
Department of Advanced Education, Skills and Labour

Information for Applicants

You also have the option of completing an application by telephone. You must contact the number applicable to you region:

Avalon:	1-877-729-7888; Local 729-7888
Central:	1-888-632-4555
Western:	1-866-417-4753
Labrador:	1-866-449-3144
TTY	1-877-292-4205

If you apply by telephone, a copy of the completed application will be sent to you for your signature.

Please ensure that you (and your spouse, if applicable) complete and sign the "Application for Income Support" and "Rights, Responsibilities and Client Consent" forms in **Black** or **Blue** ink. You should read the Rights, Responsibilities and Client Consent form carefully. When you sign this form, you are giving consent to the Department of Advanced Education, Skills and Labour to contact other agencies in order to verify information on your application.

We strongly encourage you to complete the **direct deposit** form. This eliminates the risk of your payment getting lost or stolen and ensures you receive payment on time.

Please ensure that you attach all the necessary documentation with your application. **Your application is valid for 30 days.** Any delays may result in having to complete a new application.

You may be requested to provide additional information or to visit the District Office for a personal interview.

To ensure your application is processed in a timely manner, please mail the "Application for Income Support" and "Rights, Responsibilities and Client Consent" forms and all necessary documentation to the address below:

Document Processing Unit
Department of Advanced Education, Skills and Labour
P.O. Box 8790
St. John's, NL A1B 5E4

APPLICATION FOR INCOME SUPPORT

Please print clearly and complete the application with a pen. If you have any questions regarding the completion of this form, or if you wish to make an appointment to discuss your application, please contact the office in your region.

All questions MUST be answered by you and your spouse (if applicable) to prevent delays in processing.

Applicant Information

Last Name

First Name

Middle Name

Maiden Name

Street Address **(Do Not Enter PO Box)**

City/ Community

Postal Code

, NL

Mailing Address (if different from above)

Apartment Number

Postal Code

Telephone

How long have you lived at the address?

○ Less than 6 months ○ More than 6 months ○ Less than 60 days

Email Address

Date of Birth (yyyy/mm/dd)

Gender

○ Male ○ Female

MCP Number

Social Insurance Number

Citizenship

○ Canadian by birth ○ Refugee Claimant ○ Canadian - granted citizenship
○ Landed Immigrant ○ Government Assisted Refugee ○ Visitor/Work Visa

Family Status

○ Married/Common Law ○ Single ○ Single Parent
○ Single Person - Separated/Divorced ○ Widowed

Please indicate your highest level of education:

○ Partial High School ○ High School Graduate
○ Partial College/Technical ○ Apprenticeship ○ College/Technical Graduate
○ Partial University ○ University Graduate

If you are interested in or planning to take part in training, please identify the program, length of course and name of school.

Which services are you applying for at this time?

○ Income Support Basic Benefits ○ Disaster Benefits ○ Health Benefits
○ Special Needs/Other Benefits

What is the reason for your application at this time?

Spouse Information - Married or Common Law Partner

Last Name

First Name

Middle Name

Maiden Name

Email Address

Date of Birth (yyyy/mm/dd)

Gender
○ Male ○ Female

MCP Number

Social Insurance Number

Citizenship
○ Canadian by birth ○ Refugee Claimant ○ Canadian - granted citizenship
○ Landed Immigrant ○ Government Assisted Refugee ○ Visitor/Work Visa

Please indicate your spouse's highest level of education:

○ Partial High School ○ High School Graduate
○ Partial College/Technical ○ Apprenticeship ○ College/Technical Graduate
○ Partial University ○ University Graduate

If your spouse is interested in or planning to take part in training, please identify the program, length of course and name of school.

Dependent Children

Include all children under 18 years and those 18 years and over who are attending high school. (Attach a letter from the school to verify attendance for children over 18 years of age.)

Last Name	First Name	Gender	MCP Number	Date of Birth
		○ M ○ F		
		○ M ○ F		
		○ M ○ F		
		○ M ○ F		
		○ M ○ F		
		○ M ○ F		
		○ M ○ F		

Do you currently receive the **maximum** Newfoundland and Labrador Child Tax Benefit?
○ Yes ○ No

If no, please indicate reason why: ○ Income Too High ○ Income Tax Not Filed
○ Overpayment ○ Other

Other Household Members

List all other persons over 18 years old, not included in previous sections of this application, who are living with you.

Last Name	First Name	Relationship to You	Amt. of Board You Receive
			$
			$
			$

Accommodations

Complete **ONLY** the section which best describes your living arrangements.

Institutional Facility

○ I live in an Institution or Residential Facility.

Name of the Institution/Residential facility:

How long have you lived at this address?

Board and Lodging

I am boarding with ○ Parents/Grandparents/Children ○ Other

If boarding with someone other than Parents/Grandparents/Children:

Date you began living at this address:

Name of Landlord/Landlady

Renting

Housing type you are renting:

○ Apartment ○ Bedsitter ○ Condo ○ House/ Mobile Home ○ Subsidized Unit

Utilities Included:

○ Pay Own Utilities ○ Electricity ○ Heat ○ Electricity & Heat

Monthly Rent Amount $

Name of Landlord/Landlady

Phone Number of Landlord/Landlady

Are you sharing these accommodations? ○ Yes (Complete Below)

What is your share of the rent? $

Name	Relationship	Start Date

Homeowner

Do you have a Rent-to-Own Agreement on your home? ○ Yes ○ No

What is your monthly Rent-to-Own payment? **$**

Please attach a copy of your Rent-to-Own agreement and a recent receipt of payment.

Do you have a mortgage on your home? ○ Yes ○ No

What is your monthly Mortgage payment? **$**

What municipal taxes are included in your payment? ○ Water ○ Property ○ None

Have you made this month's payment? ○ Yes ○ No

Is there disability/life insurance on your mortgage? ○ Yes ○ No

Please attach a copy of your original mortgage documents or mortgage verification statement and the most recent receipt of payment.

Private Health Care

Do you, your spouse or any of your dependents have medical insurance coverage?
○ Yes ○ No

Provider	Plan Owner	% Covered	Type of Coverage (dental, medical, etc.)	Beneficiaries

Assets

What is the name of your bank or financial institution?

Account #:		Branch:		Current Balance:	$
Account #:		Branch:		Current Balance:	$
Account #:		Branch:		Current Balance:	$

Please provide verification of your assets, either an up-to-date bank book or your most recent bank statement. (including name, date, account # and balance)

Do you or your spouse have other assets such as savings on hand, RRSP's, Mutual Funds, Stocks or Bonds? ○ Yes, **Provide Verification** ○ No

Do you or your spouse have life insurance? ○ Yes ○ No

Do you or your spouse have a prepaid funeral? ○ Yes ○ No

Income

Please list income you or your spouse has applied for or received in the past 60 days and provide verification. **Examples of income include, but are not limited to the following:**

- Earnings from Employment, Severance Pay and/or Business Income
- OAS/GIS/Spouses or Widows Allowance
- Employment Insurance (EI) benefits
- Social Assistance from another Province
- Boarder income from parent, grandparent or children
- Child or Spousal Support
- Student Aid/Training Funding
- Rental Income
- Sale of Property
- Pensions (i.e. Canada Pension, Private, Disability, Veterans, Survivors, Foreign, Gov't, etc.)
- Worker's Compensation (WHSCC)
- Any other Income

Income Applied For	Name of Recipient	Date (yy/mm/dd)	Amount per Month
			$
			$
			$
Income Received	**Name of Recipient**	**Date (yy/mm/dd)**	**Amount per Month**
			$
			$
			$

Income Cont'd

Are you or your spouse involved in an appeal or legal process where a cash settlement may be pending? ○ Yes ○ No

If **"Yes",** please provide details:

If no Income declared, how have you supported yourself in the last 60 days?

It is required that all single parents seek child support where available. If there is a reason why you are not receiving or have not sought support, please identify in the space below.

Special Needs

Are you receiving any supportive services from Health and Community Services or an Integrated Health Authority? (i.e. home care/support) ○ Yes ○ No

If Yes, please explain.

If you have any additional information not previously covered in this application which would require special expenses or circumstances being considered in assessing your application i.e. disability, pregnancy, diabetes, please provide details below: **(Attach Verification)**

Employment

	Applicant	**Spouse**
Are you currently employed?	○ Yes ○ No	○ Yes ○ No
If yes, are you paid weekly, bi-weekly or monthly?		
Please provide pay stubs for the past 60 days		
What is your main occupation?		
Who was your last employer?		
What community did you work in?		
When did the employment end?		
Why did the employment end?		
Have you received EI benefits in the last 3 years?	○ Yes ○ No	○ Yes ○ No
Have you received maternity/parental EI in the last 5 years? (if yes, you may be eligible for Employment *Benefits and Support Measures)*	○ Yes ○ No	○ Yes ○ No

Are you interested in learning more about Employment Benefits and Support Measures?

○ Yes ○ No ○ Yes ○ No

Employment Related Expenses

Expense Type	Weekly Cost	Covering Period
Childcare (children 12 years of age and under, for children 13 and over a medical note is required)		
Transportation to and from work		

Employment and Training Services

The assessment of your application for Income Support will not be affected by how you answer the following questions.

Employment and Training Services has a range of employment services.

Would you or your spouse like to be referred for the following assistance:

	Applicant	Spouse
● Deciding on a career	○ Yes ○ No	○ Yes ○ No
● Job Search	○ Yes ○ No	○ Yes ○ No
● Exploring additional education and training	○ Yes ○ No	○ Yes ○ No
● Employability assistance for persons with disabilities	○ Yes ○ No	○ Yes ○ No

Do you have dependents between the ages of 16-21 who may be interested in being referred for help with deciding on a career, job search and/or exploring education/training opportunities?

○ Yes ○ No

Are there any issues that may prevent you or your spouse from going to work at this time?

○ Yes ○ No

You may specify the issues if you wish:

Documentation to Submit

This documentation is necessary to prevent delays in processing your application.
Have you remembered to include the below documents if applicable?

○ All Pay Stubs, for the past 60 days, for you and your spouse.
○ Verification of allowances/pensions applied for or received by you and your spouse.
○ Receipts or verification of Child Support or Maintenance payments.
○ Verification of any other income source, within the past 60 days, for you and your spouse.
○ Verification of assets (such as RRSP's, Mutual Funds, Stocks, Bonds etc.).
○ Verification of bank account (most recent bank statement or letter from the bank including name, date, account number and balance).
○ Direct Deposit form.
○ Receipts or verification of payments to child care providers or licensed Child Care Centers (this must include the number of hours and be signed by the provider).
○ Verification of attendance in high school if dependent living with you is over 18 years of age.
○ Verification of expenses incurred while earning business income (Metro Business Form).
○ Verification of special needs (disability, pregnancy, diabetes, etc.).

Documentation to Submit Cont'd

○ **Signed** and completed **Rights, Responsibilities and Client Consent** form.

If not previously submitted to an Advanced Education and Skills Office, please include:

○ Copy of Social Insurance Number for you and your spouse (SIN card, a federal document with name and SIN on it, authentication of the SIN in writing from an official issuing agency).

○ Copy of Birth Verification for applicant, spouse and dependents (one of the following - birth certificate, baptismal certificate, drivers license, passport, MCP with DOB, Citizenship, Immigration, Naturalization or Canadian Landed resident papers).

Declaration and Signature

I/we declare that the information and answers given to the questions on this Application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for Income Support and/or to obtain Employment Services, and may be subject to verification by Department staff.

I/we agree that all changes in circumstances are to be reported to a Client Services Officer with the Department of Advanced Education, Skills and Labour immediately, including changes in income, family size, living arrangements, etc.

I/we understand that knowingly making false and misleading statements is an offense. **Persons making false declarations may be subject to prosecution.**

Signature of Applicant or Trustee	Date	Witness (for those applicants who sign with an X)
Signature of Spouse	Date	

Form #: 14-857
Jan-17

Government of Newfoundland and Labrador
Department of Advanced Education, Skills and Labour

RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

_____ _____
Name of Client Name of Spouse (if applicable) File #

_____
Address

All new and re-opened applicants for income support benefits must complete this form upon application for services and during the regular review process.

Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

Rights

The Department of Advanced Education, Skills and Labour (hereinafter referred to as The Department) respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Responsibilities

I agree to report to The Department any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of The Department. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependants; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

Client Consent to Release and Exchange Personal Information

I give consent to The Department to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependant students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to The Department's employees. This information may be about individual needs, income, assets, employment (including Record of Employment documents), marital status or any entitlement I may have to benefits under

other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education and Early Childhood Development, Justice and Public Safety, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; WorkplaceNL; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for The Department to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by The Department.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of The Department. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration and enforcement of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

(a) the most recently available of the two taxation years prior to the year of signing this form,
(b) the current taxation year and,
(c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of The Department of Advanced Education, Skills and Labour.

Signature of Applicant/Client	**Social Insurance Number of Applicant**	**Current Date**
Signature of Power of Attorney or Trustee for Applicant (if applicable)		**Current Date**
Signature of Spouse	**Social Insurance Number of Spouse**	**Current Date**
Signature of Power of Attorney/Trustee for Spouse (if applicable)		**Current Date**

Government of Newfoundland and Labrador
Department of Advanced Education, Skills and Labour

RIGHTS, RESPONSIBILITIES AND CLIENT CONSENT FORM

_____ _____
Name of Client Name of Spouse (if applicable) File #

_____
Address

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Your personal information will be used to assess your household's eligibility for income support benefits; to determine the amount of assistance; to identify your employment, medical and other service needs; and to prevent and detect fraud.

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The Department of Advanced Education, Skills and Labour (hereinafter referred to as The Department) respects your rights for privacy. As stated in the *Access to Information and Protection of Privacy Act (ATIPPA)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Responsibilities

I agree to report to The Department any changes in my circumstances, or the circumstances of my family (spouse, common-law spouse, children or dependent students) as this may affect eligibility and rates of assistance.

I understand that excess payments can result from a failure to report changes in circumstance. This failure to report could mean that I will not get increases in my benefits or I might have to pay back money I received over the allowable amount. If I am in doubt as to whether a change in circumstance will affect eligibility, I agree to notify an employee of The Department. Some examples of changes in circumstances are: change in address; the receipt or expected receipt of money, goods or other assets from any source; increases or decreases in the number of dependants; a child turning 18; changes in health status; changes in marital status or changes in living arrangements.

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I give consent to The Department to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members (spouse, common-law spouse, children or dependant students), for income support services.

I give consent to any department, agency or person having such information or documents to release them to The Department's employees. This information may be about individual needs, income, assets, employment (including Record of Employment documents), marital status or any entitlement I may have to benefits under

PLEASE KEEP FOR YOUR RECORDS

other programs. Some examples of these departments, agencies or individuals include, but are not limited to: Human Resources and Skills Development Canada - Service Canada; provincial departments of Education and Early Childhood Development, Justice and Public Safety, Health and Community Services and Finance; agencies such as Newfoundland and Labrador Housing; WorkplaceNL; regional health authorities; governments and agencies in other provinces and territories; financial institutions such as banks, mortgage companies, credit unions, credit bureaus and insurance companies; employers; or other organizations or individuals that may have information that is deemed necessary for The Department to verify eligibility for income support benefits and services.

I give consent to disclose and use my information for program evaluation and research to improve the quality of services offered by The Department.

Consent for Canada Revenue Agency to Release Taxpayer Information

I authorize the Canada Revenue Agency to release information from my income tax records and other relevant taxpayer information to an official of The Department. The information will be used solely for the purpose of verifying my eligibility, determining my entitlement for income support benefits and for the general administration and enforcement of the Income Support Program under the *Income and Employment Support Act*. This information will not be disclosed to any other person or organization without my approval. This authorization is valid for:

(a) the most recently available of the two taxation years prior to the year of signing this form,
(b) the current taxation year and,
(c) each subsequent consecutive taxation year for which we require income support benefits.

I understand that my consent to release personal information is required to apply for or receive benefits from the Income Support Program. The failure to provide this consent or the withdrawal of my consent will make me ineligible for income support benefits.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of The Department of Advanced Education, Skills and Labour.

Signature of Applicant/Client	**Social Insurance Number of Applicant**	**Current Date**
Signature of Power of Attorney or Trustee for Applicant (if applicable)		**Current Date**
Signature of Spouse	**Social Insurance Number of Spouse**	**Current Date**
Signature of Power of Attorney/Trustee for Spouse (if applicable)		**Current Date**

PLEASE KEEP FOR YOUR RECORDS

REQUEST FOR PAYMENT BY DIRECT DEPOSIT

Payee Name: _____

Mailing Address: _____

_____

_____

Telephone #: _____

Information for Direct Deposit

I wish to have my payment deposited electronically into a bank account designated by me.

_____ _____

Signature **Date**

Please attach a cheque marked "VOID" to support the information. If this is not possible, please have an official from your financial institution verify your account information and sign below.

Bank or Financial Institution: _____

Branch Address: _____

_____

Bank Telephone #: _____

TRANSIT # ☐ ☐ ☐ ☐ ☐ **ID #** ☐ ☐ ☐

ACCOUNT # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

_____ _____

Signature of Official **Date**

CLIENT INFORMATION

Name: _____ **Case #:**_____

Residential Address: _____ **District Office:**_____

_____

_____

Please return this form to:

Department of Advanced Education, Skills and Labour
Document Processing Unit
P.O. Box 8790, Confederation Building
St. John's, NL A1B 5E4 Fax#: 729-2641

Form # 14-650 (August 2016)

Newfoundland Labrador

Department of Advanced Education, Skills and Labour
Consent Form for the Payment of Taxes and Fees

Access to Information and Protection of Privacy Act, 2015 **(ATIPPA, 2015)**

The Department of Advanced Education, Skills and Labour requires your consent below in accordance with section 68.(1)(b) of ATIPPA, 2015.

Furthermore, under ATIPPA, 2015: your personal information is protected in accordance with section 64.(1); you have the right to access your personal information in accordance with section 8.(1); and, you have the right to request the correction of your personal information in accordance with section 10.(1) if there has been an error or omission.

If you have any questions regarding how your personal information is collected or used, you may contact the department's ATIPP Coordinator. Contact information for all departmental ATIPP Coordinators is available at: www.atipp.gov.nl.ca/info/coordinators.html

Client Consent to Release and Exchange Personal Information (Please tick only 1 choice)

☐ **I give consent** for the Department of Advanced Education, Skills and Labour to make payments on my behalf directly to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees. This consent is effective for taxes owing as of my eligibility date for Income Support benefits (after 90 days of receiving benefits) and continues until withdrawn, or I am no longer in receipt of those benefits. If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Department of Advanced Education, Skills and Labour.

☐ **I do not give consent** to Department of Advanced Education, Skills and Labour to make payments on my behalf to the applicable municipality, Local Service District, Regional Service Board or other entity which charges municipal taxes and fees.

Signature of Client (or Trustee)	**Date**
Signature of Spouse (if applicable)	**Date**
Community	**AESL File #**

Government of Newfoundland and Labrador
Advanced Education, Skills and Labour

Application for Income Support Benefits – Checklist

This document is for your use and will help ensure you have included all the required information. Applications normally require the following:

Identification (if you have not previously provided):

- Copy of Social Insurance Card (SIN) for all adults - if you don't have a card you can send a document with your name and number on it such as an Income Tax Notice of Assessment, or written letter from the Federal government.
- Copy of verification of birth for all family members. This can be birth or baptismal certificates, MCP cards, driver license or passport.

Income/Assets:

- Verification of all income (including child support) for the 60 day period before the date you apply.
- Most recent dated bank statement, verification of current balance and direct deposit form.
- Verification of any RRSP, stocks or bonds, etc. (if applicable).
- If you are waiting on a lawsuit/insurance settlement, we will need verification including the name and address of your lawyer.
- If you are self-employed, a Metro Business Opportunities form must be completed and returned with this application; this form can be found on our website at http://www.aesl.gov.nl.ca/forms/referral_to_metro_bus_opp.pdf .

Accommodations:

- Rent (couples and families) - send a recent rent receipt **and** a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included *(we will allow you 30 days to provide these documents)*.
- Rent (single applicants) - send verification that you have been renting for the previous six months and a copy of your lease or a letter from your landlord stating rental address, monthly payment and if heat & light included (*we will allow you 30 days to provide these documents*).
- Mortgage – send a copy of your mortgage papers **or** have your mortgage company complete a Mortgage Verification Statement form. This form is found on our website at http://www.aesl.gov.nl.ca/forms/mortgage_verification_statement.pdf.

Health and Special Benefits:

- MCP number (*not card*) for you/your family.
- Medical note for disability or special diet benefits *(there may be additional benefits to which you may be entitled).*