

FINANCIAL INFORMATION

Check Source of Income:

- | | |
|--|--|
| <input type="checkbox"/> Ontario Disability Support Program ODSP | <input type="checkbox"/> Ontario Works |
| <input type="checkbox"/> Old Age Security | <input type="checkbox"/> Canadian Pension Plan (C.P.P) |
| <input type="checkbox"/> Workplace Safety Insurance Board (WSIB) | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Other - Please Explain _____ | |

Amount of Income per Month: _____

Do you have direct access to your income? YES NO - If NO, provide name of Substitute Decision Maker/Power of Attorney and attach supporting documentation:

I, _____ certify that the above mentioned information is correct, to the best of my knowledge.

Signed (Applicant or SDM/POA)

Date: