



Newark Neighbours Client Registration Form Proof of Income

Name: _____

**Applicant's Notice of Assessment for Year
Net Income** (Proof required)

\$			

**Applicant's Spouse or Common-Law Partner
Notice of Assessment for Year
Net Income** (Proof required)

\$			

Monthly Income Sources (Proof required)

- Wages (Full or Part Time)**
- Employment Insurance (EI)**
- Old Age Security (OAS)**
- Canada Pension Plan (CPP)**
- Ontario Disability Support Program (ODSP)**
- Ontario Works**
- Ontario Student Assistance Program (OSAP)**
- Canada Pension Disability**
- Survivors Pension**
- Company Pension**
- Childrens Credit**
- Spousal Alimony**
- Rental Income**

Applicant	Spouse, Common-Law Partner or Dependent
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$