



**APPLICATION FOR THE GUARANTEED INCOME
SUPPLEMENT OR STATEMENT OF INCOME FOR THE
ALLOWANCE OR ALLOWANCE FOR THE SURVIVOR
JULY 2006 - JUNE 2007**

A NAME AND ADDRESS

B Social Insurance Number

Area Code Telephone Number

C * PLEASE REFER TO THE INSTRUCTION SHEET FOR DETAILS TO COMPLETE THE APPLICATION FORM.

MARITAL STATUS - You must check (✓) one box:

- Married Full name of Spouse or Common-Law Partner (if applicable) _____
- Common-Law Union Address _____
- Separated City _____ Province or Territory _____ Postal Code _____
- Widowed Spouse's or Common-Law Partner's Social Insurance Number _____
- Divorced Spouse's or Common-Law Partner's date of birth (if applicable) _____ Year _____ Month _____ Day _____
- Single

Give the date of the marriage (submit marriage certificate) or commencement of the common-law union. (See instruction sheet.) Year _____ Month _____ Day _____

If you are separated from your spouse or common-law partner, please give the date of separation. If separation is beyond your control, see instruction sheet. Year _____ Month _____

If your spouse or common-law partner is deceased, please give date of death. Year _____ Month _____ Day _____

D DO NOT INCLUDE CANADIAN OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT OR ALLOWANCE PAYMENTS.

2005 YEARLY INCOME

INCOME TYPE	2005 YEARLY INCOME	
	Your Income	Spouse or Common-Law Partner (if applicable)
1 Canada Pension Plan or Quebec Pension Plan Benefits (Do not include Death Benefit)		
2 Other Pension Income (Superannuation, RRIF's, Foreign Pension, etc.)		
From Canadian Sources: \$ _____		
From Foreign Sources: \$ _____		
3 Employment Insurance and Workers' Compensation Benefits		
4 Interest and other Investment income		
5 Taxable Canadian Dividends and Capital Gains		
6 Net Rental income (Attach a statement IF declaring a loss)		
7 Net Employment income (After allowable deductions)		
8 Net Self-employment income (Attach a statement IF declaring a loss)		
9 Other income (specify source and amount): _____		
10 TOTAL (If you have no income, write "0")		

E Have you retired since January 1, 2005 or expect to retire on or before June 30, 2007? Year _____ Month _____ Day _____ Spouse or Common-Law Partner Year _____ Month _____ Day _____
If "Yes", please give the last date of employment: _____

F Was there or will there be a reduction in your "pension income" between January 1, 2005 and June 30, 2007? Year _____ Month _____ Day _____ Spouse or Common-Law Partner Year _____ Month _____ Day _____
If "Yes", please give the date of reduction and specify the source: _____

G I hereby apply for the Guaranteed Income Supplement or submit my income statement for the Allowance or Allowance for the Survivor. I declare that, to the best of my knowledge the information on this application is true and complete. I realize that my personal information is governed by the Privacy Act and may be disclosed, where authorized, under the Old Age Security Act.

SIGNATURES
Applicant _____ Spouse or Common-Law Partner (if applicable) _____ Date _____

ANYONE WHO KNOWINGLY MAKES A FALSE OR MISLEADING STATEMENT IN AN APPLICATION IS GUILTY OF AN OFFENCE UNDER THE OLD AGE SECURITY ACT.

H If this form was completed by someone other than the applicant or if the applicant signed with an X, please complete this section.
Name _____ Relationship to applicant _____ Telephone Number _____ Date _____
Address _____ Signature _____

FOR OFFICE USE ONLY

Effective date: _____ Certified by: _____ Date: _____





Instruction Sheet

Application for the Guaranteed Income Supplement or Statement of Income for the Allowance or Allowance for the Survivor

Guaranteed Income Supplement (GIS) and Allowance payments are normally based on your previous year's income. Generally, you report your income and use your deductions in the same way you do on your Canada Revenue Agency (CRA) federal Income Tax and Benefit Return.

SECTIONS A AND B

Please make sure that your address, telephone number and Social Insurance Number are correct and make any necessary changes.

SECTION C

If you are married and applying for the Guaranteed Income Supplement or the Allowance for the first time, please submit an original or a certified copy of your marriage certificate. If you are in a common-law union, you must submit a statutory declaration.

A common-law partner is a person of the opposite sex or same sex who has been living with you in a conjugal relationship for at least one year.

If you are separated, please let us know whether your separation is voluntary or involuntary. You are involuntarily separated if you and your spouse or common-law partner are living apart for reasons beyond your control. For example, your spouse is in a nursing home. If you reunite, you must also tell us.

Note: A photocopy of a document may be accepted if it is certified as a true copy of the original. The following persons are authorized to certify the document: Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer; Magistrate; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Notary; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Official of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies have to compare the original document to the photocopy and must state their official position or title, sign and print their name, provide their phone number and include the date they certified the document(s). They also have to write the following statement on the photocopy: "**This photocopy is a true copy of the original document which has not been altered in any way**". It should be noted that you or a relative cannot certify your own documents. All Service Canada Centres will provide this service free of charge.

SECTION D

Use the information slips issued to you for income tax purposes, together with your 2005 federal Income Tax and Benefit Return, in order to declare, accurately, all of the year 2005 sources of income listed in this section. "Line numbers" refer to the 2005 federal Income Tax and Benefit Return.

Failure to provide us with correct information could result in an overpayment which will have to be recovered. If you are married or living in a common-law union, your spouse or common-law partner must also complete a statement of income in the column provided on your form or on a separate form. Indicate negative amounts (losses) by circling them.

Do not include:

- Canadian Old Age Security Pension, Guaranteed Income Supplement, Allowance or Allowance for the Survivor
- War Veterans Allowance or Veterans Disability or Dependents Pension Program
- Death Benefits from Canada Pension Plan or Quebec Pension Plan
- Canada Child Tax Benefit payments
- Assistance payments from a municipal, provincial or Canadian federal government
- Support or gifts from relatives, registered charities or other organizations
- Municipal tax rebates
- Lottery winnings
- Inheritances
- GST credits or other such payments issued by the Canada Revenue Agency (CRA)

Block 1: Canada Pension Plan or Quebec Pension Plan Benefits

Report the amount shown in Box 20 of your Canada Pension Plan T4A (P) slip or Box C of your Quebec Pension Plan Relevé 2 slip. Do not include Death Benefits from Canada Pension Plan or Quebec Pension Plan.

Block 2: Other Pension Income

Report the source and gross amount of all other pensions or superannuation (line 115 of your federal Income Tax and Benefit Return).

- **From Canadian sources:** Report your income from pensions, Registered Retirement Income Funds (RRIF's), Life Income Funds (LIF's), superannuation, retirement plan payments, taxable annuities or other payments as reported to the Canada Revenue Agency.
- **From another country: Foreign pension income must be reported** whether it is paid in Canada or abroad. You must report total benefits if they are income for Canadian income tax purposes, even if the income is exempt from taxation under an income tax treaty. These payments would include all employment pensions, social security benefits and war service pensions. Please include all back payments, and report the amounts in Canadian dollars. If the amount is given in foreign currency please specify.

Block 3: Employment Insurance and Workers' Compensation Benefits

Employment Insurance

- Report the amount of Employment Insurance and other benefits from line 119 of your federal Income Tax and Benefit Return.

Workers' Compensation Benefits

- Report the amount of Workers' Compensation benefits from line 144 of your federal Income Tax and Benefit Return.

If you received income from both sources, please add them together and report the total in Block 3 of your application form.

Block 4: Interest and Other Investment Income

Report the total interest received from a bank, trust company, credit union, bonds, mortgage(s), any foreign dividends and other investments or other interest received (line 121 of your federal Income Tax and Benefit Return). All interest amounts should be reported as you do for income tax purposes.

Block 5: Taxable Canadian Dividends and Capital Gains

Canadian Dividends

Report the taxable amount of dividends from taxable Canadian Corporations (line 120 of your federal Income Tax and Benefit Return).

Capital Gains

Report the taxable portion of the capital gains (line 127 of your federal Income Tax and Benefit Return).

If you received income from both sources, please add them together and report the total in Block 5 of your application form.

Block 6: Net Rental Income

Report the amount from line 126 of your federal Income Tax and Benefit Return.

If you had a net loss, circle that amount and attach a Rental Income Statement with your application form.

Block 7: Net Employment Income

Total of your employment income (line 101) and other employment income (line 104) minus other employment expenses (line 229) and clergy residence deduction (line 231) of your federal Income Tax and Benefit Return. Of this total calculation, you then deduct employment expenses: 20% to a maximum of \$500.00.

Use the following grid to calculate your allowable deduction.

Total Net Income From Employment	
Report the value from Line 101 + Line 104 of the tax return	A
Report the value from Line 229 + Line 231 of the tax return	B
Subtract A minus B	C
Calculate 20% of line C : _____ x 20% = _____	D
Enter line D or \$500.00 whichever is less	E
Subtract C minus E Report this value on Line 7 of the Application form	F

Refer to Block 9 for other deductions.

Block 8: Net Self-Employment Income

Report the total of lines 135 to 143 of your federal Income Tax and Benefit Return. If you had a net loss last year, circle that amount and **attach a Profit and Loss Statement(s)** to your form. Refer to Block 9 for other deductions.

Block 9: Other Income

You may have received other income or you may be entitled to other deductions in 2005 that have not been reported in other blocks of the form. To determine the amount to report in Block 9, calculate your total other income from the sources noted under (A) below, and subtract from that amount the total of your other deductions noted under (B) below. Report the result of this calculation in Block 9. If negative, circle the amount.

A) Other income

Net partnership income - limited or non-active partners only (line 122), taxable support payments received (line 128), Registered Retirement Savings Plan (RRSP) income (line 129), and Other income (line 130).

B) Other deductions

Registered Pension Plan (RPP) deduction (line 207), Registered Retirement Savings Plan (RRSP) deduction (line 208), Saskatchewan Pension Plan deduction (line 209), annual union, professional or like dues (line 212), child care expenses (line 214), Disability Supports deduction (line 215), allowable business investment loss (line 217), moving expenses (line 219), support payments made (line 220), carrying charges and interest expenses (line 221),

B) Other deductions (continued)

exploration and development expenses (line 224), other deductions (line 232), contributions to the Canada Pension Plan or Quebec Pension Plan (total of lines 222, 308 and 310), Employment Insurance premiums (line 312).

Subtract the total of your deductions (B) from the total other income (A). Report this amount in Block 9 on your form. If negative, circle this amount.

Block 10: Total Income For The Year 2005

Add the amounts in Blocks 1 to 9 and enter the total in Block 10 (if negative, circle this amount). If you have no income, enter "0".

SECTIONS E AND F

If you complete either of these sections, you will receive a special form on which you may estimate the income you expect to receive. The amount of your benefits may be calculated based on your estimated total income for the current calendar year, if this is to your advantage.

Note for Section F: "Pension Income" includes: Superannuation or pension payments; Registered Retirement Income Funds (RRIF's); Life Income Funds (LIF's); foreign pensions; annuity payments; alimony; Employment Insurance benefits; disability benefits from an insurance plan; maintenance payments; Worker's Compensation benefits (CSST in Quebec); government assistance programs; Canada Pension Plan or Quebec Pension Plan benefits (excluding lump sum death benefit).

SECTION G

The application is not complete until it is signed by the applicant (and spouse or common-law partner if applicable) or the person receiving the pension as a Trustee and/or a Power of Attorney. Relatives or friends may help you complete your application. If this applies to you, make sure that you, not the person assisting you, sign the application. If the applicant (or the spouse or common-law partner) is unable to sign the form, a mark such as an "X" is acceptable.

Note: If applicable, please attach Trustee or Power of Attorney papers if not previously submitted.

SECTION H

If you signed your application with an "X" or if a friend or a relative completed your application for you, please provide us with the details.

Payment outside Canada: Your Guaranteed Income Supplement or Allowance or Allowance for the Survivor can be paid outside Canada for six months only. You must tell us if you or your spouse or common-law partner will be outside of Canada for more than six months.

For general information you can visit our Internet site at: servicecanada.gc.ca

If you have any questions, you can call us toll-free from Canada or the USA. When you contact us, please give us your Social Insurance Number. In Canada and the USA call:

English: 1 800 277-9914

French: 1 800 277-9915

TDD/TTY users only: 1 800 255-4786

Our phone lines are busiest at the beginning and end of each month so, if your business can wait, it's best to call at other times.

Protection of Personal Information

The information requested is required under the Old Age Security (OAS) Act.

Under the *OAS Act* and the *Privacy Act* you have the right to look at the personal information about you in your file. We will keep this information in the Personal Information Bank SDC PPU 116. You can ask to see your file by contacting a Service Canada office.



Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form (s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device (TTD/TTY), call **1 800 255-4786**. Our lines are busiest at the beginning and end of each month, so if your business can wait, it's best to call at other times. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR

Service Canada
P.O. Box 9430
St. John's NL A1A 2Y5

ONTARIO (Timmins)

Service Canada
P.O. Bag 2013
Timmins ON P4N 8C8

PRINCE EDWARD ISLAND

Service Canada
P.O. Box 20105
Sherwood Postal Outlet
Sherwood PE C1A 9E3

ONTARIO (Chatham)

Service Canada
P.O. Box 2020
Chatham ON N7M 6B2

NOVA SCOTIA

Service Canada
P.O. Box 1687
Postal Station "M"
Halifax NS B3J 3J4

MANITOBA AND SASKATCHEWAN

Service Canada
P.O. Box 818
Station Main
Winnipeg MB R3C 2N4

NEW BRUNSWICK

Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
P.O. Box 2710
Main Station
Edmonton AB T5J 4C2

QUEBEC

Service Canada
P.O. Box 1816
Quebec QC G1K 7L5

BRITISH COLUMBIA AND YUKON

Service Canada
P.O. Box 1177
Victoria BC V8W 2V2

ONTARIO (Scarborough)

Service Canada
P.O. Box 5100
Postal Station "D"
Scarborough ON M1R 5C8

Ce formulaire est disponible en français - ISP-3501F