

Application Instructions

Read Before Completing the Application Form

All sections of the application need to be completed to determine if you are eligible for a benefit from this program.

If you have a spouse/partner, all of your spouse/partner's information must also be completed. (The term "spouse/partner" applies to either a spouse, a common-law spouse or a partner of an adult interdependent relationship.) This information is required even if your spouse/partner is not 65.

Section 1 - Personal Information

To apply for the Alberta Seniors Benefit, you (the applicant) must be at least 65 years of age. As a senior couple, the older of the two is referred to as the "Applicant" and the younger as the "Spouse/Partner".

Print your Social Insurance Number, name, date of birth, Personal Health Number and home phone number. Attach a photocopy of your birth certificate or baptismal certificate. Do the same for your spouse/partner, if applicable.

If you do not have a birth or baptismal certificate, photocopies of one of the following documents will be accepted:

- Canada entry document
- permanent resident card (front and back)
- Canadian citizenship document (front and back)
- Old Age Security Notice of Entitlement letter
- Indian status card
- passport

Check (✓) the box that describes your marital/cohabitation status.

- Single - this includes people who are widowed, separated or divorced
- Senior Couple - this includes couples who are married, living common-law or in adult interdependent relationships (it does not include senior couples who have separated)

Section 2 - Citizenship

Check (✓) yes or no - where indicated.

- If you are a landed immigrant, you must include photocopies of your Canada entry document, or
- Permanent Resident card(s) (front and back) with your application.

Section 3 - Old Age Security Eligibility

If you are eligible to receive Old Age Security from the Government of Canada, please send a photocopy of your Notice of Entitlement letter with your application. Do the same for your spouse/partner, if applicable. If you do not have a copy of the Entitlement letter, or need to apply for Old Age Security, call the Government of Canada toll free at 1-800-277-9914.

Other documents that are accepted in place of the Old Age Security Notice of Entitlement letter:

- photocopy of an Old Age Security cheque or cheque stub received within the last three months
- photocopy of your most current T-slip issued by Old Age Security
- photocopy of your Old Age Security card

If you do not receive Old Age Security from the Government of Canada, please indicate the year and month that you will be eligible. If you will not receive Old Age Security when you turn 65, include copies of either your Canada entry document, Permanent Resident card(s) (front and back) or your Canadian Citizenship document(s) (front and back) with your application.

Section 4 - Place of Residence

Under Home Address, print the actual street address where you live. If your mailing address is different from your home address, please write your mailing address in the space provided. Both addresses are needed.

Check (✓) the box that describes your type of residence (where you live).

Homeowner

- a person registered with land titles as owning the home (where you live)
- the owner of a taxable residence located on land owned by someone else, such as a condominium
- a person registered under the Land Titles Act as having a life estate
- a person who owns the mobile home and owns or rents the land it sits on

If you are married, living common-law or in an adult interdependent relationship, and only one of you owns the home you live in, both you and your spouse/partner are considered “homeowners” under the Alberta Seniors Benefit program.

DO NOT check “homeowner” if you do not live in the home you own. Check the option that describes where you live.

Section 4 - continued

Renter

A person who pays rent for their accommodation, or a person who pays room and board. (If you pay rent or room and board to family you are also considered a renter.)

Provide your landlord's name, address, phone number and the name of the building.

Resident of a seniors lodge

If you are a resident of a seniors lodge, check (✓) this box, and provide the name and phone number of the lodge.

Resident of a nursing home, auxiliary hospital, designated assisted living or long-term care facility

If you are a resident of a nursing home, auxiliary hospital, designated assisted living or long-term care facility, check (✓) this box, and provide the name and phone number of the facility. Please also indicate your date of admission into the facility.

Status Indian living on a reserve

If you are a Status Indian living on a reserve, check (✓) this box.

If none of the residence categories apply to you, please give details about your living arrangements (e.g. you may live rent free with family members).

Section 5 - Method of Payment – Direct Deposit

If you are eligible for a cash benefit, it will be deposited directly to your bank account. Attach a blank personalized cheque, preprinted by your bank/financial institution, with your name, current address and bank account number. Write VOID across the cheque. The name on the cheque must be the same as the name of the person who will receive the benefit.

If you do not have a personalized cheque to void, have your financial institution complete the information requested for both you and your spouse/partner, if applicable.

Please remember, that your payment will be delayed if you do not submit your bank information.

Direct deposit offers the following advantages:

- your deposit will always be on time
- your payment will not be lost, stolen or damaged in the mail
- your payment will not be subject to postal delays
- your benefit will automatically be deposited into your account if you are ill, on vacation or traveling

Section 6 - Income Information

Please complete the Income Information form at the back of this package if you and/or your spouse/partner did not file a personal tax return. If you did file a personal tax return, please check (✓) yes in section 6 of the application form and we will request your income directly from the Canada Revenue Agency (CRA).

Note: If you filed a Schedule 2 as part of your spouse/partner's tax return, you did not file an individual tax return.

If you are using actual income information and you did not file a tax return, please provide photocopies of your and your spouse/partner's T-slips. If this information is not available, please contact Canada Revenue Agency at 1-800-959-8281 to request a printout of your income T-slips.

If you expect your current year's income to be significantly less than your previous year's income, you can submit an estimate of your current year's income. Please complete the form at the back of this package with all expected income for the complete calendar year.

Be aware that your estimated income will be compared with your actual income and your benefits adjusted accordingly. If your estimated income was too high, benefits will be paid retroactively. If your estimated income was too low and you received benefits for which you were not eligible, you will be asked to repay the overpayment.

Completing the Income Information Form

If you have a spouse/partner, both should use the same form. Use the column on the left for your information, and the column on the right for your spouse/partner's information.

You do not need to fill in every blank. Only fill in the blanks that apply to you and your spouse/partner (if applicable).

Non-deductible Income includes:

- employment income. Include all wages and other work-related income. If you report employment income, describe the work you do to earn the income, such as baby-sitting or caretaking. Alberta Seniors Benefit deducts 5% of employment income before calculating your benefit.
- Canada Pension Plan. Include your income from Retirement Benefits and Survivor Benefits. Do not include Canada Pension Plan Disability Benefits or Canada Pension Plan Death Benefits.
- private and/or foreign pensions. Include your income from all private pensions, including Registered Pension Plans, Registered Retirement Income Funds, and all public and private foreign pensions. Please convert foreign pension amounts into Canadian dollars.
- investments and interest income. Include your income from investments, interest and taxable dividends.

- capital gains. Include only the taxable capital gains you receive. If there is a net loss (your taxable capital gains are negative), write your taxable capital gains as \$0.00.
- Registered Retirement Savings Plan (RRSP) income. Include your income from any RRSPs you withdrew.
- other income. Include net rental income if you are a landlord, net income if you are self-employed, and any other sources of income. If you expect a loss, record it in brackets. For example, if your loss will be \$234.56, write it in brackets as (\$234.56). Please provide a copy of your T-slip(s). List any employment insurance in this section as well.

Deductible Income includes:

- Old Age Security
- net federal supplements. This includes Guaranteed Income Supplement and Allowance.
- Canada Pension Plan Disability. Do not include Retirement Benefits (box 14 on your T-slip) or Survivor Benefits (box 15 on your T-slip). Please provide a copy of the Disability T-slip.
- Canada Pension Plan Death Benefit. Please provide a copy of the Death Benefit T-slip.
- alimony/maintenance
- workers' compensation
- social assistance

Other Deductions include:

- registered pension plan contributions (Please provide copy of T-slip)
- RRSP contributions (Please provide copy of T-slip)
- employment commission expenses

Do not include the following income on your form:

- war veterans' allowances
- co-op patronage allocations, if received for the purchase of consumers goods and services
- lottery winnings or inheritances
- GST Credit and Child Tax Benefits
- crime compensation payments
- amounts that are exempt from income taxes under Indian treaties

Add up all of your income on the form and enter your total income in the left hand column. Add up your spouse/partner's income (if applicable) and enter the total income in the right hand column.

Section 7 - Authorization and Declaration by Applicant and Spouse/Partner

This section authorizes the Canada Revenue Agency to release income information to Alberta Seniors and Community Supports and certifies that the information contained in your application is correct.

For more details about the Canada Revenue Agency authorization, refer to the Alberta Seniors Benefit Information Booklet.

Your application will not be processed if this section has been altered or has not been signed by you and your spouse/partner (if applicable).

If you or your spouse/partner sign with an "X", the signatures need to be witnessed.

If the Trustee has signed, the Trustee must also complete Section 8.

Section 8 - Declaration of Trustee/Power of Attorney (if applicable)

This section is to be completed only if another person is legally acting for the applicant (or spouse/partner) as Trustee/Power of Attorney. Provide a photocopy of the Trustee/Power of Attorney document verifying your authority to sign on the applicant's or spouse/partner's behalf (bank trusteeship is not acceptable). If the Power of Attorney requires more information before coming into effect (such as confirmation of incapability of client), confirmation that the Power of Attorney is now in effect is also required.

Section 9 - Personal Information Disclosure Statement

This section explains that the information collected on the application form is protected under the Freedom of Information and Protection of Privacy Act.

In the future, please advise Alberta Seniors Benefit if you have a change in marital/cohabitation status, residence and/or eligibility for Old Age Security.

If you want more information about the Alberta Seniors Benefit program, please call:

Toll free: 1-800-642-3853

Edmonton and area: 427-7876

Income Estimate Instructions

Read Before Completing the Income Form on Reverse

When completing the income information form, remember to:

- provide yearly (not monthly) amounts
- specify which calendar year the estimate of income is for
- write all expected income for that year
- include all sources of income, income you have already received and income you expect to receive during the remainder of the calendar year
- your estimate of income must be for a full calendar year (January through December)
- convert all foreign income to Canadian dollars
- enter the total estimated income amount for the year
- sign and date the form and return it with your application form in the return envelope provided

Please note:

The estimated income is verified with the actual income reported to the Canada Revenue Agency information. If your estimated income was too high, benefits will be paid retroactively. If your estimated income was too low and you received benefits for which you were not eligible, you will be asked to repay the overpayment.

Questions? Please call toll free 1-800-642-3853 or in the Edmonton area 427-7876.

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Income information on reverse

Income Information

Check only one:

- Income Estimate Form for _____ (specify year)
 OR Income Declaration Form for _____ (specify year)
 (only complete the Income Declaration Form if you did not file an individual tax return)

- Please see reverse for instructions.
- Please provide the total annual income expected from each source indicated below.
- Please sign and date the form before returning it.

APPLICANT		SPOUSE/PARTNER (if applicable)	
Name _____		Name _____	
Personal Health No. _____		Personal Health No. _____	
Social Insurance No. _____		Social Insurance No. _____	
Income Source			
Non-deductible Income			
\$ _____	Employment	\$ _____	
\$ _____	Canada Pension Plan (excluding Disability and/or Death benefits)	\$ _____	
\$ _____	Private pension(s)	\$ _____	
\$ _____	Investment and interest income	\$ _____	
\$ _____	Capital gains	\$ _____	
\$ _____	RRSP income	\$ _____	
\$ _____	Other (please specify)	\$ _____	
\$ _____	_____	\$ _____	
\$ _____	_____	\$ _____	
Deductible Income			
\$ _____	Old Age Security	\$ _____	
\$ _____	Guaranteed Income Supplement	\$ _____	
\$ _____	Canada Pension Plan Disability	\$ _____	
\$ _____	Canada Pension Plan Death Benefit	\$ _____	
\$ _____	Alimony/maintenance received	\$ _____	
\$ _____	Workers' Compensation	\$ _____	
\$ _____	Seniors Benefit/Social Assistance	\$ _____	
\$ _____	TOTAL INCOME	\$ _____	
Other Deductions			
\$ _____	Registered Pension Plan contribution	\$ _____	
\$ _____	RRSP contributions	\$ _____	
\$ _____	Employment commission expenses	\$ _____	

I declare that, to the best of my knowledge, the information given in this statement is true and complete and I acknowledge that any difference between the income information provided and my actual income may result in receiving funds to which I am not entitled and which I may be required to repay.

Signature _____ Date _____ Signature _____ Date _____