



Office Use Only
Case Number: _____

Review Declaration

Your eligibility for social assistance benefits must be reviewed. The Yes or No box must be checked for each question and the information completed for every question checked "Yes". If more space is required, attach additional page(s) and sign the bottom of the page.

1. Client Information

Form for Client Information with fields for Surname, Given Name, Middle Name, Birthdate, Address, City/Town, Postal Code, and Phone Number.

Marital Status: Single [] Married [] Common-law [] Widowed [] Divorced [] Separated []

2. Family Members

Do you have any family members (spouse, dependants) living with you? Yes [] No [] If yes, please complete the following:

Table for Family Members with columns for Surname, Given Name, Middle Name, Gender, and Birthdate.

3. Cash and Liquid Assets

Do you or any of your family members have any cash and liquid assets? (i.e. money in bank account(s), investments, RRSP's) Yes [] No [] If yes, please complete the following: (provide copies of bank book or statements)

Table with 4 columns: Asset Description, Value of Asset, In whose name?, and Financial Institution Name.

Has anyone in your family made any deposits or withdrawals over \$1000 in any account, since your last review?

Yes [] No []

4. Personal Assets

Do you or any of your family members have any personal assets valued over \$1000? (i.e. vehicle, computer, stereo equipment, recreation items, jewelry) Yes [] No [] If yes, please complete the following.

Equity value is the amount of the asset you own after deducting the amount owing.

Table with 3 columns: Asset Description, Equity Value, and In whose name?

5. Real Assets

Do you or anyone in your family have any real assets? (i.e. house, land) Yes No

If yes, please complete the following. Equity value is the amount of the asset you own after deducting the amount owing.

Asset Description	Registered Owner	Address or Legal Description	Equity Value

6. Disposal of Assets

Since your last review, did you, or anyone in your family, sell, trade, transfer, give away any assets valued over \$1000, such as cash, savings bonds, livestock, home, land, etc.? Yes No If yes, please complete the following:

Asset Description	Date of Disposal	Amount Received	On what was the money spent?

7. Income

Have you or any family members received income from any source since your application or last review, which you have not already reported? (i.e. wages, child support, student loan, income tax refund, pension, child tax benefit, employment insurance, etc.) Yes No If yes, please complete the following:

Source of Income	Date Received (indicate either date, monthly, bi-weekly, etc.)	Name of person who received income	Amount

7.1 Expected Income

Are you or anyone in your family expecting to receive money from any source? Yes No If yes, please complete the following:

Source of Income	Date Expected (indicate either date, monthly, bi-weekly, etc.)	Name of person who is expecting income	Estimated Amount

Needs

8. Shelter

A) Indicate your shelter arrangement (provide receipts or mortgage documents)

Rent Room Rental (no cooking or bathroom facilities) Board and Room Board and Room - with parents

Mortgage Other (i.e. Home paid for) _____

How much do you pay per month? \$ _____

B) If you rent or own your home, do adults other than you and your spouse live with you? Yes No If yes, please complete the following:

Name of adult living with you	Relationship to you	Monthly amount they pay

C) **Name of landlord, agency, mortgage holder or facility operator** (if you have clear title to your home, leave blank)

Address	Phone

9. Utilities

Please check the utilities in your or your spouse's name: (provide invoices or statements from a utility provider)

Electricity Energy Water Telephone Septic tank Water heater rental
Heating oil Propane Wood Other (describe) _____

9.1 Laundry - Do you pay to use laundry equipment? Yes No

10. Other Needs

Do you have any other needs? (i.e. child care, annual taxes, annual insurance, medical travel) Yes No If yes, please complete the following: (provide receipts or statements)

Description of Need	Cost	Description of Need	Cost

11. Other Changes

Do you have any other changes to report? (i.e. changes in constitutional status) Yes No If yes, please provide details below:

I state that the information given in this Review is true, correct and complete and that I have not withheld any information which may have an effect on my social assistance benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

My Rights and Responsibilities

I have the right to the protection of my personal information pursuant to *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*. I understand that the information provided in this application will be retained and disposed of in accordance with *The Archives Act* of the Province of Saskatchewan.

I am aware that I may appeal the assessment of my eligibility or the calculation of my benefits.

I agree to report to Community Resources any changes in my circumstances, or the circumstances of my family members, that may effect our eligibility for assistance. I understand some examples of such changes include changes in address, receipt or expected receipt of money, goods or other assets from any source, needs, number of family members, and marital status including common-law relationships. If I am in doubt as to whether any change in circumstances will effect eligibility, I agree to report this to Community Resources.

I, as applicant, understand that any payments I receive for which I am not entitled, will be deducted from future payments. I understand that excess payments may result from a failure to report changes. I understand I am also responsible for re-paying excess payments which result from my spouse's failure to report changes. I must make every effort to be self supporting. I understand this includes pursuing employment and child support, participating in training or attending educational programs or obtaining income from other sources.

Client Consent

I give consent to Community Resources to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members for social assistance. I understand such information includes needs, money received from any source, assets, marital status (including common-law relationships), and living arrangements of myself or family members.

I give consent to any department, person or agency having such information or documents to release them upon written or verbal request to employees of the Department of Community Resources. I understand examples include, but are not restricted to, information or documents from: Human Resources and Skills Development Canada (Employment Insurance Program), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers. I give consent to use my Social Insurance Number and the Health Services Number for myself and my family members for purposes of determining our eligibility for benefits.

I give consent to Community Resources to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to, Canada Revenue Agency, Department of Learning, Workers' Compensation Board, Canada Pension Plan, Sask Power, Sask Energy, Indian Bands, Public Trustee and other provincial social assistance programs. I give consent to disclose and use my information for program evaluation and research to improve the quality of service.

I authorize the Canada Revenue Agency to release to Community Resources any information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of program regulations under *The Saskatchewan Assistance Act*. This authorization is valid for the taxation year prior to the year of signature and each subsequent consecutive taxation year for which benefits are requested.

Signature of Client

Signature of Spouse (if applicable)

Date

Date

Date: _____
Signature (if completed by someone other than the client)

Date: _____
Witness (if signed by mark)

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Declaration

I, _____ and _____
(Client or person completing on behalf of client) (Spouse - if applicable)

of _____ Saskatchewan, do solemnly declare that all of the information is true and complete. I make this solemn declaration believing it to be true, knowing that it is of the same force and effect as if made under oath. I understand that I may be liable to criminal prosecution for withholding information or providing false or misleading information.

Declared before me at _____

Saskatchewan this _____ day of _____, 20__

Signature of Client

A Commissioner for Oaths in and for the Province of Saskatchewan
(please print name below)

Signature of Spouse

Witness - if signed by mark or no Commissioner for Oaths

My appointment expires _____
Day Month Year

Signature (if completed by someone other than the client)