

## Alberta Seniors Benefit Income Information Form

Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

**Income Year (January to December):** \_\_\_\_\_

I had no income <input type="checkbox"/>	<b>If you had no income from any source, check the box, sign and date the back of this form and return it to the ASB office.</b>	I had no income <input type="checkbox"/>
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Please provide the **annual** total amounts received for the full income tax year (January to December).

\$ _____	<b>Old Age Security</b>	\$ _____
\$ _____	<b>Net Federal Supplements</b> (Guaranteed Income Supplement, Spouse Allowance)	\$ _____
\$ _____	<b>Canada Pension Plan</b>	\$ _____
\$ _____	<b>Private or Foreign Pensions (in \$CDN)</b>	\$ _____
\$ _____	<b>Seniors Benefit/Social Assistance</b>	\$ _____
\$ _____	<b>Investment and Interest Income</b>	\$ _____
\$ _____	<b>Taxable Dividends</b>	\$ _____
\$ _____	<b>Worker's Compensation</b>	\$ _____
\$ _____	<b>Canada Pension Plan Disability</b>	\$ _____
\$ _____	<b>Canada Pension Plan Death Benefit</b> <small>(Please provide copy of T-slip)</small>	\$ _____
\$ _____	<b>Employment</b> Description of work _____	\$ _____
\$ _____	<b>Employment Insurance</b>	\$ _____
\$ _____	<b>Alimony/Maintenance received</b>	\$ _____
\$ _____	<b>Taxable Capital Gains</b>	\$ _____
\$ _____	<b>RRSP Income</b>	\$ _____
\$ _____	<b>Other Income</b> e.g., Net Rental, Net Self-employed	\$ _____
\$ _____	<b>RDSP Income</b> <small>(Please provide copy of T-slip)</small>	\$ _____
\$ _____	<b>Total Income</b> (Please total above income)	\$ _____

## Other

### Registered Pension Plan Contributions

\$ \_\_\_\_\_ (Please provide copy of T-slip) \$ \_\_\_\_\_

### RRSP Contributions

\$ \_\_\_\_\_ (Please provide copy of T-slip) \$ \_\_\_\_\_

### Employment Commission Expenses

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Event that caused the decrease in income (for example, retirement):**

**Date of the event:**

Comparison between Alberta Seniors Benefit Income Form and Canada Revenue Agency Tax Benefit Return

Line	Canada Revenue Agency Income Tax and Benefit Return
Line 150	Total income
Line 116	Elected split – pension amount (applicable for senior couples only)
Line 101 / Line 229	Employment Income / Other employment expenses*
Line 113	Old Age Security pension
Line 125	Registered Disability Savings Plan (RDSP) income
Line 145	Social Assistance payments
Line 146	Net federal supplements (Guaranteed Income Supplement and Allowance)
Line 207	Registered Pension Plan deduction
Line 208	Registered Retirement Savings Plan deduction
Line 210	Deduction for elected split pension amount (applicable senior couples only)

**Collection of Personal Information:** The personal information provided on this form is collected under the authority of the Seniors Benefit Act (RSA 2000) and the Seniors Benefits Act General Regulation and managed in accordance with the Freedom of Information and Protection of Privacy Act (RSA 2000). The information will be used for the purpose of administering the Alberta Seniors Financial Assistance Programs, including the Alberta Seniors Benefit, Dental and Optical Assistance for Seniors. If you have any questions about the collection of this information, contact:

**Alberta Supports Contact Centre:**

Toll-free in Alberta: 1-877-644-9992  
Edmonton area: 780-644-9992

**Alberta Seniors Benefit Mail / Fax:**

Alberta Seniors and Housing  
PO Box 3100  
Edmonton, Alberta, Canada T5J 4W3  
Fax: 780-422-5954