

Personal Health Number



Applicant Name

Complete this form if you have not filed your income tax return for the previous calendar year. Please complete pages 1 and 2 of this form. Provide your previous year's income in **annual amounts only and include T-slips**.

Spouse Name		Personal Health Number			
If you (and/or your spouse) had no income from any source, check the box,			☐ I had no income (applicant)		
sign and date the back of this form.		☐ I had no income (spouse)			
			2721127		
Income year: (January to December)	APPLICANT ANNUAL INCOME		SPOUSE ANNUAL INCOME		
Old Age Security					
Net Federal Supplements (Guaranteed Income Supplement, Allowance)					
Canada Pension Plan					
Canada Pension Plan Disability					
Canada Pension Plan Death Benefit					
Seniors Benefit / Social Assistance					
Private or foreign pensions (in Canadian funds)					
Employment income (provide description of work below)					
Employment Insurance					
Worker's Compensation					
Alimony/Maintenance received					
Taxable Capital Gains					
Investment and Interest Income					
Taxable Dividends					
Registered Retirement Savings Plan income					
Registered Disability Savings Plan income					
Other income (net rental/ net self-employed)					
TOTAL YEARLY INCOME (add above amounts)					

Page 1 of 2 (complete and sign the back of this form)

	please report contributions or expenses below and provide	APPLIC ANNUAL II		SPOUSE ANNUAL INCOME
Registered Pe	ension Plan Contributions			
Registered Re	etirement Savings Plan Contribution	S		
Employment (Commission Expenses			
Declaration	and Signature (Digital signatu	res are not accep	ted)	
acknowledge t	to the best of my knowledge, the info hat any difference between the inco ich I am not eligible and which I may	me information I prov	ided and my actua	
Applicant Sign	nature:			Date
Spouse Signa	Date			
Explanation of decrease in income, if greater than \$1,000:				Event Date
Final conside	rations before returning your forr	n.		
□ Enter full annual income amounts only. If you use monthly amounts, you will need to complete a new form. □ Report all income received during the previous calendar year and provide T-slips for income sources where applicable. □ Please send photoco of documents, as originals may not be returned.			cuments, as als may not be	If your current income has decreased and you are applying for the first time (or have not received benefits) refer to our website for information or income estimates.
Please retur	n both pages of this form using	g one of the follow	ving options:	
Online:	www.seniors-housing.alberta.ca/	submit-documents	/	
By fax:				
•	Ministry of Seniors, Community and PO Box 3100 Edmonton Alberta		S	
	ormation on seniors programs, pl rta Supports Contact Centre toll f			nancial-assistance.aspx or
Commonly Used	d CRA Income Tax Return line numbers			
Line 15000 Tota		Line 20700	Registered Pension F	
	Age Security pension	Line 20800	Registered Retirement Savings Plan deduction	
	istered Disability Savings Plan (RDSP) incon ial Assistance payments	ne Line 11500 Line 12100	Other pension / super Interest / investment	annualiun
	fadoral aupplements (CIS/Allowanas)	Line 10100/22000*		/ Other employment expenses

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 Benefit 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.

 * Up to \$3,600 of line 10100 or 22900 (whichever is higher) is deducted from your total income