

**APPLICATION FOR THE GUARANTEED INCOME SUPPLEMENT OR STATEMENT OF INCOME FOR THE ALLOWANCE OR ALLOWANCE FOR THE SURVIVOR FOR PAYMENT PERIOD OF JULY 2011 - JUNE 2012**

**A NAME AND ADDRESS**

**B** Social Insurance Number

Area Code Telephone Number

**C \* PLEASE REFER TO THE INSTRUCTION SHEET FOR IMPORTANT INFORMATION.**

**MARITAL STATUS - You must check one box:**

<input type="checkbox"/> Married	Full name of Spouse or Common-Law Partner (if applicable)	Give the date of the marriage (submit marriage certificate)	Year	Month	Day
<input type="checkbox"/> Common-Law Union	Address	or commencement of the common-law union. (See instruction sheet.)			
<input type="checkbox"/> Separated	City Province or Territory Postal Code	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	
<input type="checkbox"/> Surviving Spouse or C/L Partner	Spouse's or Common-Law Partner's Social Insurance Number				
<input type="checkbox"/> Divorced	Spouse's or Common-Law Partner's date of birth (if applicable)	If your spouse or common-law partner is deceased, please give date of death.	Year	Month	Day
<input type="checkbox"/> Single					

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

**2010 YEARLY INCOME**

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

**E** Have you retired since January 1, 2009 or expect to retire on or before June 30, 2012? You 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, 2009 and June 30, 2012? You 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.

**NOTE:** If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the Old Age Security Act, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

<b>SIGNATURES</b>	<b>Applicant</b>	<b>Spouse or Common-Law Partner (if applicable)</b>	<b>Date</b>
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**H** If the applicant signs with a mark, a witness (friend, member of the family, etc.) must complete this section.

Name	Relationship to applicant	Telephone Number	Date
Address		Signature	

**FOR OFFICE USE ONLY**

Effective date: \_\_\_\_\_ Certified by: \_\_\_\_\_ Date: \_\_\_\_\_