



**Community and Social Services Division**  
**Exception-Based Income Reporting Request Form**  
**Ontario Works**

**Client Information**

<b>Client Name</b>	<b>Member ID</b>	<b>Phone Number</b>
<b>Current Address</b>		
<b>Date Requested</b>	<b>Name of Case Manager</b>	

**Exception Based Income Reporting**

To be eligible for Exception Based Income (EBI) Reporting, all members of the benefit unit must:

- Have received OW assistance a minimum of three (3) consecutive months prior to changing to EBI Reporting.
- Have static/fixed or no income.

**The following documentation is required to process your initial request, should static/fixed income be reported.**

1. Verification from a recognized financial institution – (bank statements from previous month).
2. Three (3) months of pay stubs showing gross income or completed Employment Verification form.

I/we \_\_\_\_\_, understand the requirements and agree to participate in EBI reporting.

I/we understand that all changes in income or circumstances **MUST** be reported to my Case Manager even though I am approved for EBI reporting.

I/we understand that should there be any changes in income, this must be submitted by the 16<sup>th</sup> of the month as per usual IRS submissions, even though I am approved for EBI reporting. I/we understand that this includes the reporting of new employment.

I/we understand that we must meet with a Case Manager at a minimum, every 12 months to review my eligibility and participation in EBI reporting.

<b>Client Signature:</b> _____	<b>Date:</b> _____
<b>Client Signature:</b> _____	<b>Date:</b> _____
<b>Client Signature:</b> _____	<b>Date:</b> _____
<b>Witness:</b> _____	<b>Date:</b> _____

**Staff Use Only**

**Verification Attached (if applicable)**     Yes     No    **Date Received:** \_\_\_\_\_

**Case Manager Comments:**

<b>Request</b>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<b>CM Signature</b>
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