**DECLARATION OF FAMILY INCOME**

*The Adoption Act -* Clause 127(2)(d)

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION: Give full name(s) and address of applicants.

Applicant(s):

Children: List children and other dependents residing in the home of the prospective adoptive parent; do not include the child(ren) to be adopted.

|  |  |  |
| --- | --- | --- |
| **Full Name of Child** | **Birth Date** | **Relationship** |
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|  |  |  |
|  |  |  |

Attach separate list if more than six children/dependents in the home.

FINANCIAL INFORMATION: Check only one item below and provide information requested for item.

□ Currently in receipt of income assistance under *The Employment and Income Assistance Act* (Manitoba) or a program of the Government of Canada or another jurisdiction outside Manitoba other than an insurance benefit program or a loan program (please indicate which of these income assistance categories apply) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you complete this item, do not complete Detailed Calculation of Annual Family Income)

□ Current annual family income expected to be about the same as per attached copy(ies) of Revenue Canada assessment(s) for the most recent taxation year and receipts for child support payments. (Only complete *totals* of Detailed Calculation of Annual Family Income. Include amount of *child support payments* paid or received for the most recent taxation year.)

□ Current annual family income expected to be about the same as for most recent taxation year, but no copy(ies) of Revenue Canada assessment(s) attached. (Complete Detailed Calculation of Annual Family Income)

□ Current annual family income expected to be higher/lower than most recent taxation year. (Complete Detailed Calculation of Annual Family Income)

DECLARATION:

1. I/we are the applicant(s) named in this statement.

2. The statements contained herein are true to the best of my/our knowledge and belief and I/we have not concealed or omitted any information respecting my/our family income.

3. I/we agree to provide the agency with copies of documents or receipts in my/our possession to verify my/our current income or income for the most recent taxation year.

4. I/we authorize and give consent to the agency securing information from any source as may be deemed necessary for verification purposes and I/we consent to those sources releasing the information to the agency.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*See next page for Detailed Calculation of Annual Family Income*

DETAILED CALCULATION OF ANNUAL FAMILY INCOME:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sources of Income**  **(As per T1 General Income Tax Form Line 150)** | **Applicant** | **Applicant** | **Total Annual**  **Family Income** |
| Employment income |  |  |  |
| Other employment income |  |  |  |
| Old Age Security |  |  |  |
| Canada or Quebec Pension Plan benefits (include disability) |  |  |  |
| Other pensions or superannuation |  |  |  |
| Employment Insurance benefits |  |  |  |
| Taxable amount of dividends from Canadian corporations |  |  |  |
| Interest and other investment income |  |  |  |
| Net partnership income: limited or non‑active partnerships |  |  |  |
| Net rental income |  |  |  |
| Taxable capital gains |  |  |  |
| Spousal support and taxable child support |  |  |  |
| Registered retirement savings plan income |  |  |  |
| Other income (specify) |  |  |  |
| Net business income |  |  |  |
| Net professional income |  |  |  |
| Net commission income |  |  |  |
| Net farming income |  |  |  |
| Net fishing income |  |  |  |
| Workers compensation payments |  |  |  |
| Social assistance payments |  |  |  |
| Net federal supplements |  |  |  |
| **Total Annual Family Income Before Adjustments**  **(As per T1 General Income Tax Form Line 150)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deductions from Total Annual Family Income** | **Applicant** | **Applicant** | **Total Deductions** |
| Union, professional and other dues and employment expenses |  |  |  |
| Excess portion of dividends from taxable Canadian corporations |  |  |  |
| Actual business investment losses |  |  |  |
| Carrying charges and interest expenses |  |  |  |
| Prior period earnings |  |  |  |
| Sole proprietorship and partnership income |  |  |  |
| ***Add***: All child support payments paid over past year |  |  |  |
| **Total Deductions from Annual Family Income** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additions to Total Annual Family Income** | **Applicant** | **Applicant** | **Total Additions** |
| Capital gains |  |  |  |
| Payments by a self‑employed person to a family member or someone else not at arm's length |  |  |  |
| Capital cost allowance for real property |  |  |  |
| Employee stock options |  |  |  |
| ***Add***: All non-taxable child support payments received  over past year |  |  |  |
| **Total Additions to Annual Family Income** |  |  |  |
| *Subtract*: Total Deductions from Annual Family Income above |  |  |  |
| **Total Adjusted Annual Family Income** |  |  |  |