

FORM AA-7

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

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 Manitoba Assistance Act* or disability support under *The Disability Support Act* or from a program of the Government of Manitoba, or 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 Canada Revenue Agency 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 Canada Revenue Agency assessment(s) attached. (You must complete Detailed Calculation of Annual Family Income.)
- Current annual family income expected to be higher/lower than most recent taxation year. (You must complete Detailed Calculation of Annual Family Income.)

DECLARATION:

1. I/we are the applicant(s) named in this statement.
2. The statements set out 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			
Elected split-pension amount			
Universal child care benefits			
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
Elected split-pension amount			
Universal child care benefits			
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			
<i>Subtract:</i> Total Deductions from Annual Family Income above			
Total Adjusted Annual Family Income			

M.R. 182/2003; 107/2010; 86/2024