



**APPLICATION FOR GUARANTEED INCOME SUPPLEMENT JULY 2002 - JUNE 2003**

EO  
A

Name and Address

- For information on the *Privacy Act*, please see the information sheet. Personal Information Bank HRDC PPU 116
- This application is normally for the use of single persons.
- On occasion, this application may be used by spouses or common-law partners who are both in receipt of the Old Age Security. Each must complete a separate application but they should return the two applications in the same envelope.

**Complete the unshaded areas only**

**B** AREA CODE ( ) TELEPHONE NUMBER - SOCIAL INSURANCE NUMBER M/S OPT. C F. OPT. D SP./CLP B.D. ENT. DATE

**C** **MARITAL STATUS - You must check (✓) one box:**

Married to Full name of spouse or common-law partner

Common-law union to Address (No., Street, Apt. No., P.O. Box No., R.R.)

Separated from City Province or Territory Postal Code

Single Widowed Divorced Date of Death Year Month Day

**D** Give the date of the marriage (submit marriage certificate) or commencement of the common-law union. (See information sheet.)

Year Month Day

Date of marriage established Year Month Day

**E** If you are separated from your spouse or common-law partner, please give the date of separation. If separation is beyond your control, see information sheet.

Year Month

**F** Spouse's or common-law partner's Social Insurance Number

Does your spouse or common-law partner receive the Canadian Old Age Security pension?

Yes Please give your spouse's or common-law partner's Social Insurance Number in the space provided on the left, if it is blank.

No Please give your spouse's or common-law partner's date of birth in the space provided on the left, if it is blank.

Spouse's or common-law partner's date of birth Year Month

**G** PLEASE STATE YOUR INCOME FOR THE FULL YEAR 2001  
Before entering income, refer to the information sheet for details on income and eligible deductions.  
Do not include Canadian Old Age Security pension, Guaranteed Income Supplement or Allowance payments.

		2001 YEARLY INCOME	
		\$	¢
Total gross payments from <b>Canada Pension Plan</b> or <b>Quebec Pension Plan</b> . (Box 20 on all T4A (P) slips)	1		
Subtract box 18 (Death Benefit) from box 20. \$ _____			
Total gross amount of other pension income (retirement pension, survivor's pension, superannuation, annuity or RRIF) <b>including foreign pensions</b> (in Canadian dollars). Report all amounts as per line 115 on Federal Income Tax Report.	2		
From Canadian source: \$ _____ From Foreign source: \$ _____			
Total gross amount of Employment Insurance benefits (Box 14 on T4E slip) and/or Workers' Compensation Benefits (Box 10 on T5007 slip).	3		
Interest and other investment income, <b>including foreign dividends</b> (Line 121 on Federal Income Tax Report).	4		
Total taxable Canadian dividends (Line 120 on Federal Income Tax Report) and/or taxable portion of capital gains (Line 127 on Federal Income Tax Report).	5		
Total Net Rental Income (after allowable deductions). (Line 126 on Federal Income Tax Report) If a negative amount, provide a profit and loss statement on a separate sheet.	6		
Total net earnings from employment (after allowable deductions).	7		
Total net income from self-employment (after allowable deductions). If a negative amount, provide a profit and loss statement on a separate sheet.	8		
Total gross income from other sources (after allowable deductions): RRSP Contributions \$ _____ RRSP Withdrawals \$ _____ Alimony \$ _____ Other \$ _____ Please specify other income: _____	9		
<b>TOTAL (If you had no income, write "NIL")</b>	<b>TOTAL</b>	<b>0</b>	

**H** If you have retired from employment, business or a profession since January 1, 2001 or expect to retire on or before June 30, 2003, please give the last date of employment: Year Month Day

**I** If there was or will be a reduction in income between January 1, 2001 and June 30, 2003, please provide the date of reduction and circle the applicable source from the following list: Retirement pensions Foreign pensions Annuity Alimony Employment Insurance benefits Disability benefits from an insurance plan Maintenance payments Workers' Compensation benefits (CSST in Quebec) Canada Pension Plan or Quebec Pension Plan (excluding lump-sum Death Benefit). Year Month Day

**ANYONE WHO KNOWINGLY MAKES A FALSE OR MISLEADING STATEMENT IN AN APPLICATION IS GUILTY OF AN OFFENCE UNDER THE OLD AGE SECURITY ACT.**

**J** I hereby apply for a Guaranteed Income Supplement and 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*.

**APPLICANT'S SIGNATURE** ▶

Date

**K** If this form was completed by someone other than the applicant, please complete this section. If the applicant signs with a mark, this section must be completed by a witness (friend, member of the family, etc.).

Name	Relationship to Applicant	Telephone Number ( ) -	Date
Address		Signature	<b>DATE OF RECEIPT</b>

**FOR OFFICE USE ONLY**

Certified that this applicant is eligible, subject to income requirements, for a supplement under the *Old Age Security Act* as of the effective date shown.

<b>EFFECTIVE DATE</b>	PEN. EST.	GIS/UP	RETRO DATE

Certified by: Date Verified by: Date



## INFORMATION SHEET

### Application for Guaranteed Income Supplement or Allowance

Entitlement to the Guaranteed Income Supplement (GIS) or the Allowance is based on the income for the preceding calendar year calculated in accordance with the *Income Tax Act*.

If you have any questions, please contact your nearest Human Resources Development Canada (HRDC) office. If you live in Canada or the United States, call us free of charge at **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device (TDD/TTY), call **1 800 255-4786**. Our lines are busiest at the beginning and end of each month, so if your business can wait, it's best to call at other times. Please have your **Social Insurance Number** ready.

For general information on Income Security Programs, you can also visit our Internet site at:

<http://www.hrdc-drhc.gc.ca/isp> (English)

<http://www.hrdc-drhc.gc.ca/psr> (French)

**Sections A and B** -- This information is essential. Make sure that your address **and** telephone number are correct; please correct and write your Social Insurance Number if necessary.

**Sections C, D, E, and F** -- If you are married and applying for the Supplement for the first time, please submit an original or a certified copy of the marriage certificate. If you are in a common-law union, you must submit a "**Statutory Declaration of Common-law Union**" form and additional documentation. Please contact us to obtain this form and a list of documentation required.

If you are separated, please let us know whether your separation is voluntary or involuntary. You are involuntarily separated if you and your spouse or common-law partner are living in separate dwellings for reasons beyond your control. For example, you or your spouse or common-law partner are confined to a hospital or nursing home. If you reunite you also must tell us.

A **spouse** is a person of the opposite sex to whom you are legally married. A **common-law partner** is a person of the opposite sex or same sex who has been living with you in a conjugal relationship for at least one year.

**Note:** A photocopy of a document may be accepted if it is certified as a true copy of the original. The following persons are authorized to certify the document: an Accountant, Chiropractor, Dentist, Doctor, Employee of a Federal or Provincial Department or one of its agencies, Funeral Director, Justice of the Peace, Lawyer, Magistrate, Manager of Financial Institutions, Member of a Provincial Legislature (or their staff), Member of Parliament (or their staff), Minister of Religion, Municipal Clerk, Notary, Official of a country with which Canada has a reciprocal Social Security Agreement, Official of an Embassy, Consulate or High Commission, Pharmacist, Police Officer, Postmaster, Professional Engineer, Social Worker and Teacher.

People who certify photocopies have to compare the original document to the photocopy and must state their official position or title, sign and print their name, provide their phone number and include the date they certified the document(s). They also have to write the following statement on the photocopy: "**This photocopy is a true copy of the original document which has not been altered in any way**". It should be noted that the applicant or his/her relative cannot certify his/her own documents. All Human Resources Development Canada offices will provide this service free of charge.

**Section G** -- Report all of your income for the year 2001 from the sources stated below. **Do not include** the Canadian Old Age Security pension, Guaranteed Income Supplement or Allowance payments. Use the information slips issued to you for income tax purposes in order to declare, accurately, all of the year 2001 sources of income listed. **Failure to provide us with correct information could result in an overpayment which will have to be recovered.** If you are married or living in a common-law union, your spouse or common-law partner must also complete a statement of income in the column provided on your form or on a separate form. Indicate negative amounts (losses) by circling them.

#### Canada Pension Plan or Quebec Pension Plan Benefits (Block 1)

Report the amount shown in Box 20 of your Canada Pension Plan T4A (P) slip or Box C of Statement 2 from Quebec Pension Plan. If you have received a CPP/QPP back payment, please include the full amount in Block 1 of your application. **Do not include** any Lump-sum Death Benefits from these sources.

Use the following grid to calculate the amount to report in Block 1.

<b>Step 1)</b> Add the amount(s) shown in Box 20 of all your T4A (P) slips or Box C of all your Statement 2. Enter the total here →	1) _____
<b>Step 2)</b> Add the amount(s) shown in Box 18 of all your T4A (P) slips or Box E of all your Statement 2. Enter the total here →	2) _____
<b>Step 3)</b> Subtract the amount in Step 2 from the amount in Step 1. Enter the <b>total</b> here →	3) _____ <b>Report this amount in Block 1 of your form.</b>

#### Other Pension Income (Block 2)

Report the source and **GROSS** amount of all income, as reported on line 115 of your Federal Income Tax Report.

● **From Canadian sources:** Report your income from pensions, Registered Retirement Income Fund (RRIF), superannuation, retirement plan payments, taxable annuities or other payments as reported to Canada Customs and Revenue Agency. **Do not include** any payments received under the Canadian Old Age Security, Guaranteed Income Supplement, Allowance, War Veteran's Allowances, Veteran's Disability or dependents Pension Payments programs. **Do not include** any benefits from provincial or municipal supplement programs, or the Goods and Services Tax Credit (GST Credit).

● **From another country:** You must report total benefits if they are income for Canadian income tax purposes, even if the income is exempt from taxation under an income tax treaty. These payments would include all employment pensions, social security benefits and war service pensions. Please list the sources, all back payments, and report the amounts in Canadian dollars. If the amount is given in foreign currency (specify), the conversion will be made by using the average buying rate of exchange for the year as provided by a Canadian Chartered Bank or by the Bank of Canada. Foreign pension stubs are accepted as proof of declared amounts.

**Note:** Foreign pension income **must** be reported whether it is paid in Canada or abroad.

#### Employment Insurance and Workers' Compensation Benefits (Block 3)

Add the amounts shown in:

- Box 14 of all your T4E - Statement of Employment Insurance benefits paid; (line 119 on your Federal Income Tax Report) **and/or**
- Box 10 of all your T5007 slip - Statement of Benefits (line 144 of your Federal Income Tax Report).

Report the total in Block 3 of your form.

## Bank, Trust Company, Bond, Foreign Dividends and Other Interest (Block 4)

Report the total net interest received from a bank, trust company, credit union, bonds, mortgage(s) and any foreign dividends or other interest received as reported on line 121 of your Federal Income Tax Report. You must report bond interest at least every three years. All interest amounts reported here should be in accordance with the method used for income tax purposes. All interest received in the year 2001 must be declared.

## Dividends and/or Capital Gains (Block 5)

Report the taxable amount of dividends from **taxable** Canadian Corporations (as reported on line 120 of your Federal Income Tax Report). Report the taxable portion of the capital gains. The capital gains deduction permitted for income tax purposes is not an allowable deduction for Guaranteed Income Supplement or Allowance purposes.

**Note:** You may deduct capital losses for a year from the total capital gains for that year to arrive at a net capital gain for that year. If the loss is greater than the gain, then report "zero" on your form.

**Note:** If you have received or are expecting to receive income from a mutual life insurance company which has demutualized, please contact us at **1 800 277-9914**. We will provide you with an information sheet explaining how your GIS amount may be affected. You can also visit our web site at <http://www.hrdc-drhc.gc.ca/isp> for additional information on demutualization and how it can affect OAS and GIS benefits.

## Total Net Rental Income (Rooms, Apartments, Buildings, Land, etc.) (Block 6)

Total your rental income and deduct the expenses as you would for income tax purposes (line 126 of your Federal Income Tax Report), i.e. property taxes, insurance, capital cost allowance and repairs and maintenance costs that apply only to the rented portions. The balance will be your net rental income. If you have suffered a net loss, circle that amount and **attach a Profit and Loss Statement** with your Statement of Income.

## Total Net Earnings from Employment (Block 7)

Total of your employment income (line 101) and other employment income (line 104) of your Federal Income Tax Report, minus allowable deductions. **The following deductions are allowed:**

1. Contributions to the Canada Pension Plan or Quebec Pension Plan (line 308 of your Federal Income Tax Report or Box 16 and box 17 on all T4 slips)
2. Employment Insurance Premiums (line 312 on your Federal Income Tax Report or box 18 on all T4 slips)
3. Employment expenses (20 % of employment income (line 101) to a maximum of \$500.00).

Employment income is calculated using Box 14 of your T4 slip(s). If you received any housing allowance as a cleric, and it is included in Box 14 of your T4 slip, then you should subtract this amount from your employment income in the same manner as you do on your Federal Income Tax Report before calculating your employment expenses.

See **Block 9** for instructions on how to claim other allowable deductions.

## Net Income from Self-Employment (Block 8)

If you operate a business of any kind, or if you are a farmer or a person who fishes for a living, state your net profit for the year in the same way you calculate it for income tax purposes less contributions to the Canada Pension Plan or Quebec Pension Plan. (Add lines 135 to 143 of your Federal Income Tax Report then subtract lines 222, 231 and line 310). Also, you may subtract any housing allowance you receive as a cleric. If you suffered a net loss last year, circle that amount and **provide a Profit and Loss Statement**. Income averaging is not allowed for supplement purposes. If you are a professional person, state the net amount of professional fees you earned in the year 2001.

## Total Gross Income from Other Sources (Block 9)

Report any other income that you received in the year 2001 that was not reported in other sections. In addition, other deductions allowed by the tax system that were not claimed elsewhere may be included here. **Do Not Include:** Child Tax Benefit payments, assistance payments from a municipal, provincial or the Canadian Federal Government, support or gifts from relatives, registered charities or other organizations and municipal tax rebates.

### Add your income as indicated on your Federal Income Tax Report, from the following sources:

Net Partnership Income (line 122), Support Payments Received (line 128), RRSP Income (line 129), Other Income (line 130). This includes such income as supplementary employment insurance benefits, amounts received from sickness, accident, disability or income insurance plans, interest income from an estate or trust, severance pay, lump-sums for pensions, and other items as reported on the Federal Income Tax Report.

### Add your deductions, as indicated on your Federal Income Tax Report, from the following sources:

Registered pension plan deduction (line 207), RRSP deduction (line 208), Annual union, professional dues (line 212), Child care expenses (line 214), Attendant care expenses (line 215), Business investment loss (line 217), Moving expenses (line 219), Support payments made (line 220), Carrying charges and interest expenses (line 221), Exploration and development expenses (line 224), Other deductions (line 232). Subtract the total deductions from the total income. **Report this amount in Block 9** on your application form. **If contributions were made to an RRSP, please provide confirmation (i.e. receipt).**

## Total Income for the year 2001 (Block 0)

Add up the figures and enter the total. Circle the amount if negative.

**Sections H and I** -- If you complete either of these sections, you will receive a special form, at the time of the event, on which you may estimate the income you expect to receive. The amount of the Supplement may be calculated based on your estimated total income for the current calendar year, if this is to your advantage.

**Sections J and K** -- The application is not complete until it is signed by the applicant (and spouse or common-law partner) or the person receiving the pension as a trustee. If the applicant (or the spouse or common-law partner) is unable to sign the form, a mark signature is acceptable if it is witnessed and the witness completes section K.

## Important Notes

Relatives or friends may help you complete your application. If this applies to you, make sure that you, not the person assisting you, sign the application. HRDC staff are also at your service free of charge.

**Payment outside Canada** -- Your Guaranteed Income Supplement or Allowance may be paid outside Canada for the month of departure and for six more months only. If you or your spouse or common-law partner will be outside Canada for more than six months, contact, free of charge, your nearest HRDC office at **1 800 277-9914 (calls from Canada and USA)**.

## Protection of Personal Information

The information requested is required under the *Old Age Security (OAS) Act*. We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank HRDC PPU 116. Your personal information is governed by the *Privacy Act* and we may disclose it where we are authorized to do so under the *OAS Act*.

Under the *OAS Act* and the *Privacy Act* you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a HRDC office. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all HRDC offices.



Shrunk to fit 8½ x 11

February 15, 2002

P.O. Box 8760  
Ottawa ON K1G 3J1

444 444 444  
Social Insurance Number

name and address

region code

**IMPORTANT**

You might be able to get more money each month with your old age pension. This extra money is called the Guaranteed Income Supplement (GIS).

Before you can receive the GIS, you must sign this form and mail it to us. We will then look at all your information and tell you if you can get more money with your monthly pension.

Please check the following three points. If there are mistakes, could you please correct them on this form so that we can ensure that you receive the right amount.

1. **I have been single for the last 12 months** (or divorced, widowed, separated and not living in a common-law relationship).
2. **My net income\* for 2000 was \$ 7,000**
3. **My net income\* for 1999 was \$ 6,000**

\* These figures are from line 236 of your federal tax return.

**This document is my application for the Guaranteed Income Supplement.  
I understand the information on this form and I confirm that it is correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone number:** (\_\_\_\_\_) \_\_\_\_\_

**If you have any questions,** you can call us toll-free from Canada and the USA. When you contact us, please give us your Social Insurance Number.

In Canada and the USA, call:

English:	1 800 277-9914
French:	1 800 277-9915
TDD/TTY users only:	1 800 255-4786

[www.hrdc-drhc.gc.ca/isp](http://www.hrdc-drhc.gc.ca/isp)

**Note:** Anyone who knowingly makes a false or misleading statement in an application is guilty of an offence under the *Old Age Security Act*.

**Note:** Your personal information is protected by federal privacy laws and may be disclosed only where authorized under the *Old Age Security Act*. For related information, please contact any local Human Resources Centre of Canada and ask about "Personal Information Bank HRDC PPU 116".