

Statement of income level

File number

Conditions for using this form

This form can be used to replace the Statement of Income when a person with a disability does not want to provide proof of income for the members of their household. It allows us to identify households with income less than, or equal to, the applicable income level (AIL) and those whose income is greater than the AIL.

Information about the household

Total number of individuals in the household: _____ Check box if applicable: Household consisting of a couple only AIL: \$ _____

Income tax return less than, or equal to, the AIL

I declare that the total of the incomes entered in the income tax returns of the members of my household, after subtracting the allowed deductions, is less than, or equal to, the income level applicable (AIL) to my situation. However, because I do not wish to provide proof of this, I understand that, through this statement, I am waiving my right to a review of my eligibility for additional financial aid for the criteria related to income, as well as to additional financial assistance that could be provided for the purchase of specialized equipment.

Person with a disability or their representative

Name (Please print) _____ Signature _____ Year _____ Month _____ Day _____

Income tax return greater than the AIL

I declare that the total of the incomes entered in the income tax returns of the members of my household, after subtracting the allowed deductions, is greater than the income level applicable (AIL) to my situation. However, because I do not wish to provide proof of this, I understand that, through this statement, I am waiving my right to a review of my eligibility for additional financial aid for the criteria related to income, as well as to additional financial assistance that could be provided for the purchase of specialized equipment.

Person with a disability or their representative

Name (Please print) _____ Signature _____ Year _____ Month _____ Day _____

Partner's authorized representative

Name (Please print) _____ Signature _____ Year _____ Month _____ Day _____