

# Alberta Seniors Benefit Income estimate form

Alberta Seniors and Housing  
Seniors Financial Assistance  
PO Box 3100  
Edmonton AB T5J 4W3

Complete this form if your current income decreased compared to last year's income and you are applying to the Alberta Seniors Benefit program for the first time, or previously applied but never received benefits.

Please complete pages 1 and 2 of this form. Provide your previous and current year's income to show how your income has changed. **Provide annual amounts only.**

Applicant Name	Personal Health Number
Spouse Name	Personal Health Number

Income estimate for: (January to December   YYYY)	APPLICANT'S INCOME		SPOUSE'S INCOME	
	Last year's income	Current year estimate	Last year's income	Current year estimate
Old Age Security				
Net Federal Supplements (Guaranteed Income Supplement, Allowance)				
Canada Pension Plan				
Canada Pension Plan Disability				
Canada Pension Plan Death Benefit				
Seniors Benefit / Social Assistance				
Private or foreign pensions (in Canadian funds)				
Employment income (provide description of work below)				
Employment Insurance				
Emergency Response Benefits (CERB, CRB etc.) (Please provide a copy of the T-slip)				
Worker's Compensation				
Alimony/Maintenance Received				
Taxable Capital Gains				
Investment and Interest Income				
Taxable Dividends				
Registered Retirement Savings Plan income				
Registered Disability Savings Plan income				
Other income (net rental/ net self-employed)				
<b>TOTAL YEARLY INCOME</b> (add above amounts) →				

Page 1 of 2 (complete and sign the back of this form)

If applicable, please report contributions or commission expenses below:	Applicant's income		Spouse's income	
	Last year's income	Current year estimate	Last year's income	Current year estimate
Registered Pension Plan Contributions				
Registered Retirement Savings Plan Contributions				
Employment Commission Expenses				

### Declaration and Signature

I declare that, to the best of my knowledge, the information given on this income estimate form is true and complete. I acknowledge that any difference between the income information I provided and my actual income may result in receiving benefits for which I am not eligible and which I may be required to repay.

Applicant Signature:	Date
Spouse Signature:	Date

Reason for decrease in income (for example, retirement):	Event Date
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### Final considerations before returning your form.

- Enter full **annual** income amounts only. If you use monthly amounts, you will need to complete a new form.
  Contact the program right away if your income changes (i.e. if you go back to work or cash investments).
  If your estimated income is lower than your actual income reported to the CRA you may be required to repay benefits.
  Include all income that you expect to earn during the calendar year. Include cost of living increases for pensions (OAS, CPP, and private pensions).

### Please return both pages of this form using one of the following options:

Online: [www.seniors-housing.alberta.ca/submit-documents/](http://www.seniors-housing.alberta.ca/submit-documents/)

By fax: 780-422-5954

By mail: Alberta Seniors and Housing

PO Box 3100 Edmonton AB T5J 4W3

For more information on seniors programs, please visit [www.alberta.ca/seniors-financial-assistance.aspx](http://www.alberta.ca/seniors-financial-assistance.aspx) or call the Alberta Supports Contact Centre at 1-877-644-9992.

### Commonly Used CRA Income Tax Return line numbers

Line 15000 Total income	Line 20700 Registered Pension Plan deduction
Line 11300 Old Age Security pension	Line 20800 Registered Retirement Savings Plan deduction
Line 12500 Registered Disability Savings Plan (RDSP) income	Line 11500 Other pension / superannuation
Line 14500 Social Assistance payments	Line 12100 Interest / investment
Line 14600 Net federal supplements (GIS/Allowance)	Line 10100/22900* Employment Income / Other employment expenses

\*Up to \$3,600 of line 10100 or 22900 (whichever is higher) is deducted from your total income

**Collection of Personal Information:** The personal information provided on this form is collected under the authority of the *Seniors Benefit Act* (RSA 2000) and the *Seniors Benefit Act General Regulation* and managed in accordance with the *Freedom of Information and Protection of Privacy Act* (RSA 2000). The information will be used for the purpose of administering the Alberta Seniors Financial Assistance Programs, including the Alberta Seniors Benefit, Dental and Optical Assistance for Seniors.