

Check List: Please review the following items to ensure the form is complete

Please below.

1. Explanation for decrease in income and date of event; please provide below

Event that caused the decrease in income: (for example; Retirement)

Date of the Event _____

2. Estimated income year is provided (calendar year)
3. Income is provided in **annual** amounts (January to December) – i.e. taxation year
4. Both the previous year’s actual income and the estimated income are provided
5. Any foreign income amounts are in Canadian currency
6. Income has been totalled
7. You and your spouse (if applicable) have signed and dated the form

Please note: If after submitting this Income Estimate form you receive income that was not included with your estimate, (i.e. cashing in an investment, returning to work, etc.) please contact our office so that your estimated income can be amended.

Questions? Please call the Seniors Information Line toll free 1-800-642-3853 or, in Edmonton 780-427-7876.

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 Benefits 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, Special Needs Assistance for Seniors, Dental and Optical Assistance for Seniors.

If you have any questions about the collection of this information, you can contact:
Seniors Services Division
PO Box 3100
Edmonton, Alberta, Canada T5J 4W3

Telephone (toll-free in Alberta): 1-800-642-3853 or 780-427-7876 in the Edmonton area.
Fax: 780-422-5954.