



Civida.ca

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10232 112 Street NW

Statement of Income and Expenses for Self-Employment or Business Income Form

- Please submit a financial statement prepared by an accountant for one month's income OR complete this form if you are self-employed or own a business (including through driving a taxi or ride-sharing service such as Uber).
- Do not complete this form if your business is incorporated. If your business is incorporated, please submit a copy of your most recent T5 and proof of any other income you receive through your corporation (e.g., pay stubs).
- If your business is a partnership, please include a copy of your partnership agreement. Complete this form for the total income and expenses for the business.
- You must attach copies of receipts for all revenue and expenses claimed in this form. Originals will not be returned.
- Please complete and review all pages in blue or black ink. This form is double sided.
- All home-based businesses must be approved by Civida. Please review the Self-Employment or Business Income Information Sheet on our website for more information.
- If you have any questions, please contact Civida or visit our website at www.civida.ca.

You can also submit this form to Civida in one of the following ways:

- Email to help@civida.ca
- Mail to or drop off in person at 10232 112 Street, Edmonton, AB T5K 1M4
- Fax to (780) 426-6854

SECTION ONE – TENANT, SUBSIDY RECIPIENT OR APPLICANT INFORMATION

Please provide current contact information for the primary tenant, subsidy recipient or applicant.

First Name(s) (Legal Name)		Last Name (Legal Name)		Preferred Name (if different)	
Unit Number	Address	City	Province	Postal Code	
Home Phone Number			Mobile Phone Number		
Email Address			Tenant/Applicant Code		



SECTION TWO – BUSINESS OR SELF-EMPLOYMENT INFORMATION

Please provide the following information about your business or self-employment activities.

Business Name

Business Address		City	Province	Postal Code
Business Phone Number		Type of Business or Self-Employment Activities		
Business License Number	Is your business a partnership? <input type="checkbox"/> No <input type="checkbox"/> Yes		Your percentage of the partnership %	
Reporting Period	Month / Year			Month / Year
For the period from the first day of _____ to the last day of _____				

SECTION THREE – INCOME

Fill in this part if you have business income or self-employment income. Include proof of income.

a) Total gross sales, commissions or fees from business or self-employment activities (including any income from tips)	
b) Customer refunds	
c) Other Income (please explain)	
Total gross business or self-employment income = (a) - (b) + (c)	

SECTION FOUR – COST OF GOODS SOLD

Fill in this part if you have a business and your business buys goods for resale or makes goods for sale. Include proof of inventory and value.

a) Value of opening inventory at beginning of reporting period	
b) Cost of purchases during the month (including delivery or freight charges)	
c) Value of closing inventory at the end of the reporting period	
Costs of goods sold: (a) + (b) – (c)	

SECTION FIVE – GROSS PROFIT

Total gross business or self-employment income – costs of goods sold	
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SECTION SIX – BUSINESS EXPENSES

Fill in this part if you have any of the following business expenses. Include receipts or proof of expenses.

Capital cost allowance is not considered a deductible business expense according to the *Social Housing Accommodation Regulation*.

Do not include GST paid on expenses if you claim the GST deduction in section 6.

a) Accounting and legal expenses	
b) Advertising expenses	
c) Business tax, fees, licenses, dues	
d) Insurance	
e) Interest and bank charges	
f) Maintenance and repair expenses	
g) Motor vehicle expenses (see section 7 to calculate)	
h) Office expenses	
i) Salaries (including employer's contributions)	
j) Expenses related to computers and equipment	
k) Other charges claimed as expenses or allowable for the purposes of determining the annual net taxable business of self-employment income of the individual (Please explain)	
Total expenses = (a) + (b) + (c) + (d) + (e) + (f) + (g) + (h) + (i) + (j) + (k)	

SECTION SEVEN – MOTOR VEHICLE EXPENSES

Fill in this part if you have motor vehicle expenses directly related to your business or professional income. Include receipts or proof of income. If you jointly own or lease a vehicle used for business or self-employment income, enter the total cost of motor vehicle expenses for the month. Include a copy of your ownership or lease agreement showing the division of income and expenses between joint owners or lessees.

a) Kilometers you drove in the fiscal period that was part of earning business income	
b) Total kilometers you drove in the fiscal period	
c) Expenses = (i) + (ii) + (iii) + (iv) + (v) + (vi)	
i) Fuel & Oil	
ii) Maintenance & Repairs	
iii) License and registration	
iv) Motor Vehicle Insurance	
v) Interest on lease	
vi) Vehicle leasing costs	



vii) Other (please explain)	
d) Business use = (a)/(b) x (c)	
e) Business parking fees	
f) Supplementary business insurance	
Allowable motor vehicle expenses = [(d) + (e) + (f)] x [share of expenses for jointly owned or leased vehicles] <i>Enter this amount in section 6(g)</i>	

SECTION EIGHT – GST

If you remit GST to Canada Revenue Agency, you may be able to claim this as an expense. Include proof of remittance.

GST #	
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SECTION NINE – TOTAL INCOME

a) Gross Income (from section 3)	
b) Total expenses (from section 4)	
c) GST (from section 6)	
Total Income = (a) – [(b) + (c)] x [share of partnership if applicable]	

SECTION TEN – AUTHORIZATION

- I have filled out this form with accurate information to the best of my knowledge.
- I authorize Civida to make any inquiries necessary to any government office, organization, agency or individual for the purposes of verifying information provided in this form.

Print Name	Signature	Date (DD/MM/YYYY)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca