



.....  
Healthy Child Manitoba Office  
3<sup>rd</sup> Floor – 332 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3A 0E2  
T 204-945-1301 F 204-948-2303 Toll-Free 1-888-848-0140  
www.manitoba.ca

## DECLARATION OF INCOME FOR MINOR APPLICANTS

### PERSONAL INFORMATION: You must be 18 or under and have never filed income tax to use this form. (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### APPLICANT'S DECLARATION:

Please check the box that describes your situation.

- I have never worked
- I have worked but made less than **\$11,809.00**  
(basic personal income tax exemption by Canada Revenue Agency)

I understand that the information contained on this form will be added to my application for Healthy Baby: Manitoba Prenatal Benefits. I consent to Healthy Child Manitoba using this information for the general administration and enforcement of the program. Any other use or any disclosure of this information by Healthy Child Manitoba must be authorized by me or authorized under the *Freedom of Information and Protection of Privacy Act of Manitoba*.

I understand that I am not automatically entitled to program consideration and that the Manitoba Prenatal Benefit office will review the information I am providing on this form. The office will decide if program consideration will apply to me.

### APPLICANT: (Signature is required)

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

**NOTE: It is in your best interest to file income tax, even if you have never worked or made less than the basic exemption. Doing so will create eligibility for other programs such as the National Child Benefit.**