



**BRITISH  
COLUMBIA**

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## Social Development and Social Innovation

### Self Serve Assessment and Application - Part 1

A simple, confidential way to access  
Income Assistance services



I want to  working with my previously saved information

#### Learn

*...what is available*

Find information on the kinds of supports and programs that are available.

[Click here for more information](#)

#### Assess

*...your eligibility*

Find out what your eligibility may be based on your current situation.

[Click here for more information](#)

#### Apply

*...for income assistance*

Find out what you will need to do after you submit your application.

[Click here for more information](#)

✓ Convenient ✓ Secure ✓ Private ✓ Quick

Note: The Self Serve Assessment Tool is only available in English.

TOP

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**Before you begin...**

Income assistance, also known as welfare, is **not** Employment Insurance (EI).

This assessment tool estimates the amount of income assistance for which you may be eligible. Eligibility is based on your income and assets. Anyone can use this tool to **estimate** their eligibility for income assistance.

This estimate does **not** factor in rates for Persons with Disabilities (PWD). To apply for PWD, you must first complete this application.

This estimate may not apply to people with a Life Threatening Health Need (LTHN). If you have a LTHN, please complete this application, then contact the ministry directly at 1-866-866-0800.

The first part of this tool is an **assessment**, **not** an application for income assistance. It is only an estimate. **To apply online you must:**

**Enter your valid Social Insurance Number (SIN).** If you do not have a SIN, you must contact the ministry to complete your application.

**Enter a phone number where we can contact you.** Ministry staff will contact you about your application. **(If you do not have a phone number, you must contact the ministry to follow-up.)**

**IMPORTANT:** If we cannot reach you and you have not contacted us, your application may be closed after 5 business days following no contact. If your application is closed, you may need to reapply if you still need assistance.

**Live in British Columbia.** You must be a BC resident to be eligible for income assistance.

**If you are under 19 years of age, ministry staff may contact your parents. We may also involve the Ministry of Children and Family Development.**

If you apply for income assistance, there are conditions that you must meet to be eligible. These include work search obligations, and providing proof of your circumstances.

**Note:** If you are currently receiving income assistance, you **cannot** use this system to update your information.



**Did you know...**

**The ministry is focussed on helping clients who have limited resources to find work as quickly as possible.**

BC Employment and Assistance (BCEA) is an income and asset tested program. "Income and Asset Tested" means that the amount of assistance for which you may be eligible is determined by your current level of income and the value of your assets. If you have sold or given away assets for less than what they are worth within two years prior to your application, you may not be eligible for BCEA. You must access all other sources of income - such as income tax rebates and Employment Insurance (if eligible), before you can access income or disability assistance.

You are starting a **two-part process within this online tool, Assessment and Application.**

**You can store your information** at any point in the Assessment process by clicking on the "Store" icon on the top right corner of each screen. However, if you do **not** re-access your stored information within 5 calendar days, it will be deleted. Please **make sure you remember your Assessment ID and Password so you can re-access your information.** You will have the option to email your Assessment ID to yourself. Remember, you only have 5 calendar days to re-access (and re-store) your information.

**It is IMPORTANT to understand that the ministry does NOT have access to the information you enter until you complete both parts of the online process and submit your application.** Only you can access the information you store.

**Possible systems outages:** Please note that regularly scheduled system maintenance occurs Sunday 6:00 AM to 9:00 AM PST, Friday 6:00 PM to 7:00 PM PST, Monday to Friday 3:00 AM to 3:30 AM PST. **You may not be able to complete your application during these times.** Please store your information and do not submit your application during these periods.

 Exit Previous Step Next Step

## What you will need...

To apply, you will need to provide accurate information and documentation about the value of any assets you have and income you have from all sources. You will also need to provide information about your shelter costs including rent or mortgage amounts and essential utilities.

Some documents you will need to reference may include (but are not limited to):

- bank statements**
- pay stubs**
- records of employment**
- pay records**
- tax assessments**
- rent receipts**
- tenancy agreement**
- mortgage paperwork**

Once your application has been submitted you will have an eligibility interview. At this interview, you will be asked to provide documents to verify your identity, income, assets and living arrangements. You may also be asked about recent work search activities, so it is a good idea to begin recording these.

Please bring documents even if you are not sure if you will need them.

 Exit Previous Step Next Step

**Describe your family**

- ☒ Single Person
- ☐ Single Person with Dependents
- ☐ Couple
- ☐ Couple with Dependents

 ExitPrevious Step  Next Step**Note:**

A **dependent** is a child under 19 years of age (other than a child who is 18 and has been approved for Persons with Disabilities designation from the ministry) who lives with you more than half of each month and relies on you to support them.

You must be a child's biological or adoptive parent, legal guardian or custodian to claim them as a dependent.

If your child is a teenage parent and their child is also living with you:

- If your child is **under** 16, your child and their child may be added to your file;
- If your child is age 16-18, there is an option to choose between being on your file, or applying on their own.

If your child applies on their own, or already has their own file, they may **not** be added as dependents.

Couple refers to both married and common-law, and includes same-sex couples. For the purpose of income assistance, common-law means living together for three consecutive months, or 9 of the past 12 months, in a marriage-like relationship.

**Have you ever applied for income assistance in British Columbia?**

Income assistance is sometimes referred to as welfare, social assistance, public assistance, disability assistance, disability pension, PWD assistance, PPMB assistance or hardship assistance. If you applied, but did not receive assistance, choose 'Yes'. For additional information click the More Information icon in the bottom right hand corner of the screen.

- ☐ Yes
- ☐ No
- ☐ Uncertain

More Information 

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**Do you plan to apply for Persons with Disabilities (PWD) Designation?**

You can discuss your PWD application at your eligibility interview.

**Note:** Are you 17 ½ years old or older, with a disability, and on your parent's income assistance file? If yes, you must apply for income assistance **on your own file** before you can apply for PWD designation. To apply on your own file, click "Yes" below, and then click "Next Step" to continue the process.

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ I Already Have PWD Designation

More Information 

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Previous Step 

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**Are you a youth (between 17½ and 19 years of age) with a confirmed intellectual disability, also known as mental retardation?**

A psychological report is required for verification.

☐ Yes

☐ No

More Information 

 Exit

Previous Step 

 Next Step



Are you between 17½ and 19 years of age and have received services through the **Ministry of Children and Family Development's At Home Program Medical Benefits?**

☐ Yes

☐ No

More Information 

 Exit

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 Next Step

**Is there an outstanding warrant for your arrest issued under the Immigration and Refugee Protection Act (Canada) or any other enactment of Canada in relation to an offence for which a person may be prosecuted by indictment?**

Income assistance or disability assistance will not be provided for adults with outstanding warrants until they prove that their warrants have been resolved. This applies both to outstanding arrest warrants for indictable offences (includes any offence that may be prosecuted by indictment) from BC and other provinces, as well as arrest warrants under the Immigration and Refugee Protection Act (Canada).

For additional information, click the More Information icon in the bottom right hand corner of the screen.

☐ No

☐ Yes

More Information ?

 Exit

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 Next Step

**What is your full legal name?**

Your legal name is the name given to you when you were born, unless you applied to have it legally changed or it has changed due to marriage.

Last Name \* First Name \* Middle Name(s) I have no middle name ☐ (click to select)[More Information ?](#)[✕ Exit](#)[Previous Step ←](#)[→ Next Step](#)

**If you have used other names, please enter the name(s).**

No other name(s) ☐ *(click to select)*

Last Name

First Name

Middle Name(s)

[More Information ?](#)

[X Exit](#) [Previous Step ←](#) [Next Step →](#)

**What is your date of birth?**

If you are under 19 years of age and do not intend to apply for the Persons with Disability designation, please note that as part of your application for assistance, your parents and possibly the Ministry of Children and Family Development, will be contacted.

Enter your date of birth in the format of mm/dd/yyyy (e.g. 10/25/1970).

Date of Birth \*

More Information ?

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**What is your gender?**Gender [More Information ?](#)[✕ Exit](#)[Previous Step ←](#)[→ Next Step](#)

**Do you identify yourself as an Aboriginal person, that is, First Nations, Métis or Inuit?**

This information is voluntary and is used only for statistical research. Self identifying as a person of Aboriginal ancestry does not affect your eligibility for income assistance in any manner.

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

More Information 

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 Next Step

**Have you received financial assistance from a First Nations band in the past 60 days?**

☐ Yes

☐ No

More Information 

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**Do you have identification documents?**

In order to be eligible for regular assistance, you will be required to provide proof of your identity.

**If you choose to apply and do not have identification, speak to a worker about the options that are available.**

For additional information click the More Information icon in the bottom right hand corner of the screen.

☐ Yes

☐ No

More Information ?

 Exit

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**Do you have a disability related communication barrier that affects your ability to communicate?**

☐ Yes

☐ No

More Information 


 Exit




Previous Step 

 Next Step

**Confirm your marital status.**

Marital Status

More Information 

 Exit  Previous Step  Next Step

**Are you currently receiving child or spousal support/maintenance payments?**

☐ Yes

☐ No

More Information 

 Exit

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 Next Step

**Have you been homeless in the last 12 months?**

☐ Yes

☐ No

More Information 

 Exit

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 Next Step

**Describe your current living arrangement.**Living Arrangement More Information  ExitPrevious Step  Next Step

**If you pay rent, please enter the amount you pay each month.**

If you share this rent, enter only the amount you pay each month.

Monthly Rent Amount

☐ Yes

Do you share this rent?

☐ No

More Information 

 Exit

Previous Step 

 Next Step

**What is your mailing address?**

Your address is used to send correspondence, including assistance cheques if you are eligible. Please include any information required to direct the mail, e.g. post office box. If you do not know your Postal Code, see the Canada Post link under more information.

No mailing address	<input type="checkbox"/> (click to select)
Apartment Number	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
Province	<input type="text" value="Please select..."/>
Postal Code (V9B5N2)	<input type="text"/>

[More information ?](#)[x Exit](#)[Previous Step](#)[Next Step](#)



**If you pay utilities, enter the average monthly amounts you pay.**

I do not pay for Hydro	<input type="checkbox"/> (click to select)
Hydro amount	<input type="text"/>
I do not pay for Heat	<input type="checkbox"/> (click to select)
Heat amount	<input type="text"/>
I do not pay for Natural Gas	<input type="checkbox"/> (click to select)
Natural Gas amount	<input type="text"/>
I do not pay Property Taxes	<input type="checkbox"/> (click to select)
Property Tax amount	<input type="text"/>
I do not pay for House Insurance	<input type="checkbox"/> (click to select)
House Insurance amount	<input type="text"/>
I do not pay for Phone	<input type="checkbox"/> (click to select)
Phone amount	<input type="text"/>

More Information  ExitPrevious Step  Next Step

**Other occupants may share a common area in your home, such as a kitchen or bathroom.**

Describe the other occupants in your household.

Once you have entered the information, click '+Add To List'.

No other occupants ☐ (click to select)

Last Name

First Name

Middle Name(s)

Relationship

**+ Add To List**

**Last Name First Name Middle Name(s) Relationship**

More Information 

 Exit

Previous Step 

 Next Step

**Please indicate the best numbers where you can be reached.**

Enter your phone number, including area code. Do not enter brackets, dashes, or spaces (e.g. 2505551234). **If you choose to apply and do not have a contact number, or we are unable to reach you, you will need to contact the ministry to follow up.**

**IMPORTANT:** If we cannot reach you and you have not contacted us, your application may be closed after 5 business days following no contact and you may need to reapply if you still need assistance.

We will try to accommodate your preferred contact window. However, ministry staff may attempt to reach you anytime between 8:30am – 4:30pm Monday to Friday.

Primary Number

Alternate Number

No contact number

☐ (click to select)

Preferred call back window

 ▼

More Information ?



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Previous Step



Next Step



**If you choose to apply for income assistance, can we leave confidential messages at the numbers you have provided?**

☐ Yes

☐ No

More Information 

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Previous Step 

 Next Step

**Please describe any utilities that you have not already told us about.**

No other expenses ☐ (click to select)

Source

Total Monthly Amount

More Information ?

 Exit

Previous Step 

 Next Step

**If you receive any financial help with your expenses, please describe.**I receive no financial help ☐ (click to select).

Source

Total Monthly Amount

More Information ?

 Exit

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→ Next Step

**Were you born in Canada?**☐ Yes☐ NoMore Information  ExitPrevious Step  Next Step

**Are you a Canadian Citizen?**☐ Yes☐ No[More Information ?](#)[X Exit](#)[Previous Step ←](#)[Next Step →](#)



**When did you move to British Columbia?**

Enter the date in the format of mm/dd/yyyy (e.g. 05/31/2005).

Always lived in BC ☐ *(click to select)*

Moved From

Date Moved to BC

More Information 

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 Next Step

**Have you recently been in receipt of Employment Insurance benefits?**

If you have been in receipt of any type of EI benefits within the last 3 years, or received Maternity or Parental EI benefits within the past 5 years, please choose Yes.

- ☐ Yes  
☐ No

More Information 

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 Next Step

**Are you currently looking for work?**

Under the BC Employment and Assistance Program, employable clients are expected to participate in employment related activities for the purpose of achieving financial independence. If you are NOT currently looking for work, please indicate the reason why.

**Note:**

Applicants applying for assistance are assessed as to whether they must complete a work search, or are exempt from the work search requirement.

New clients – i.e., applicants who have never received income assistance or disability assistance in BC – must complete a five week work search unless exempted.

Returning clients – i.e., applicants who have previously received income assistance or disability assistance in BC – must complete a three week work search unless exempted.

☒ Yes

☐ No

Reason:

More Information 

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**Have you been financially independent for at least two years?**

To be eligible for income assistance, at least one applicant in the family unit must demonstrate that they have been financially independent for at least two consecutive years prior to applying for assistance. If you have not at any time been employed for a period of 2 consecutive years, you may not be eligible for income assistance. For additional information, click the More Information icon in the bottom right hand corner of the screen.

☐ Yes

☐ No

More Information 

 Exit

Previous Step 

 Next Step

**If you are currently receiving income for working, please enter the average monthly amount you earn.**

You will be required to bring in your most recent pay slips for verification.

No income from work ☐ (click to select)

Average Net Monthly Amount

More Information 

 Exit

Previous Step 

 Next Step

**If you receive income from your residence or property, please enter the amount.**

This includes income from a self contained suite.

No Rental Property Income ☐ (click to select)

Rental Property Income

No Roomer Income ☐ (click to select)

Roomer Income

No Boarder Income ☐ (click to select)

Boarder Income

More Information 

 Exit

Previous Step 

 Next Step

**If you receive monthly income from an investment (e.g. interest, dividend or mortgage), please enter the average amount you receive each month.**

This type of income may include interest from money deposited in a bank or financial institution, annuities, stocks, bonds, or properties.

No investment income ☐ (click to select)

Amount

More Information 

 Exit

Previous Step 

 Next Step

**If you are receiving employment insurance benefits, please enter your monthly benefit amount.**

Include regular, medical, maternity or paternity employment insurance benefits.

No EI benefits ☐ (click to select)

Monthly Benefit Amount

More Information 

 Exit

Previous Step 

 Next Step



**If you are currently receiving any funding for training, please enter the amount.**

If your training is funded by an Aboriginal Skills and Employment Training Strategy (ASETS) service provider (formerly known as AHRDA) or Employment Program of British Columbia (EPBC), indicate below.

No training funding ☐ (click to select)

Amount

Training paid by

☐ ASETS

☐ EPBC

☐ Other

More Information ?

 Exit

Previous Step 

 Next Step

**If you are receiving Pension income, please enter the monthly amount.**

No Canada Pension ☐ (click to select)

Canada Pension Amount

No Private Pension ☐ (click to select)

Private Pension Amount

No Disability Pension ☐ (click to select)

Disability Pension Amount

More Information 

 Exit

Previous Step 

 Next Step

**If you receive Old Age Security and the Guaranteed Income Supplement, or Senior's Supplement income, please enter the amount.**

No Old Age Security	<input type="checkbox"/> (click to select)
Old Age Security Amount	<input type="text"/>
No Guaranteed Income Supplement	<input type="checkbox"/> (click to select)
Guaranteed Income Supplement Amount	<input type="text"/>
No Senior's Supplement	<input type="checkbox"/> (click to select)
Senior's Supplement Amount	<input type="text"/>

More Information 

 Exit

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 Next Step

**If you receive a War Veterans Allowance, please enter the amount.**

No War Veterans Allowance ☐ (click to select)

Amount

More Information 

 Exit

Previous Step 

 Next Step

**If you are receiving WorksafeBC Benefits, please describe.**

WorksafeBC has previously been known as Workers' Compensation or WCB. Enter the date in the format of mm/dd/yyyy (e.g. 05/31/2005).

No WorkSafeBC benefits ☐ (click to select)

Monthly Benefit Amount

Claim Expiry Date

More Information 

 Exit

Previous Step 

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**If you receive the Canada Child Tax Benefit, please enter the amount.**No Basic Child Tax Benefit ☐ (click to select)

Basic Child Tax Benefit Amount

No National Child Tax Benefit ☐ (click to select)

National Child Benefit Amount

No BC Family Bonus ☐ (click to select)

BC Family Bonus Amount

No BC Earned Income Benefit ☐ (click to select)

BC Earned Income Benefit Amount

More Information ?

 ExitPrevious Step  Next Step

**If you receive any other unearned income, please enter the amount and source.**

Unearned income is income that is not earned and includes, without limitation, money or value received.

For any unearned income not specifically listed (e.g., income tax refunds), choose Other Unearned Income as the source.

For additional information click the More Information icon in the bottom right hand corner of the screen.

No other unearned income ☐ (click to select)

Source

Please select... ▼

Amount

More Information ?

⌂ Exit

Previous Step ←

→ Next Step

**If you receive any other earned income, please enter the amount and source.**

Earned income is any money or value received in exchange for work or the provision of a service.

For additional information click the More Information icon in the bottom right hand corner of the screen.

No other earned income ☐ (click to select)

Source

Amount

More Information 

 Exit

Previous Step 

 Next Step



**Please describe any sources of potential income.**

Once you have entered the information, click '+Add To List'.

No potential income ☐ (click to select)

Source

Monthly Amount

**+ Add To List**

**Source Monthly Amount**

More Information 

 **Exit**

**Previous Step** 

 **Next Step**

**If you have any motor vehicles registered in your name, please describe.**

Once you have entered the information, click '+Add To List'.

No vehicles

☐ (click to select)

Year

Make

Model

Value

Amount Owing to a Financial Institution

**+ Add To List**

**Year Make Model Value Amount Owing to a Financial Institution**

More Information **?**

**x Exit**

**Previous Step** **←**

**→ Next Step**

**If you own any recreational vehicles, please describe.**

Include: boats, quads, snowmobiles, motorcycles, etc.

Once you have entered the information, click '+Add To List'.

No recreational vehicles ☐ (click to select)

Year

Make

Model

Value

**+ Add To List**

**Year Make Model Value**

More Information **?**

**X** Exit

Previous Step



Next Step

**Do you have any property in your name?**

Enter the net value of the property (e.g. subtract any monies owing to a financial institution on this property). If you choose to apply you will need to provide documents to verify the value of your property.

Once you have entered the information, click '+Add To List'.

No property ☐ (click to select)

Description

Value

**+ Add To List**

**Description Value**

More Information **?**

**X Exit**

**Previous Step** **←**

**→ Next Step**

**If you have any cash on hand, please enter the amount.**

Cash on hand is money that can be quickly accessed and includes money on your person or at home.

No cash on hand ☐ (click to select)

Amount

More Information 

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Previous Step 

 Next Step

**If you have any investments, please describe.**No investments ☐ (click to select)

Source

Total Value

More Information ?

 Exit

Previous Step ←

→ Next Step

**If you have a Registered Retirement Savings Plan, please describe.**

You should contact your financial institution as you may be able to access the funds in your RRSP after paying a penalty even if you may have invested it for a longer term. Do not include funds in a Registered Disability Savings Plan (RDSP), or Registered Education Savings Plan (RESP), as these are exempt assets.

No RRSP ☐ (click to select)

Value

More Information ?

✕ Exit

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→ Next Step

**If you have a life insurance policy, please describe.**

The cash surrender value of a life insurance policy is considered to be an asset.

No life insurance policy ☐ (click to select)

Value

More Information 

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Previous Step 

 Next Step



**If you have a trust fund, please describe.**

No trust fund ☐ (click to select)

Value

More Information 

 Exit

Previous Step 

 Next Step

**If you have any bank accounts, please describe.**

If you choose to apply for income assistance, you will need to provide information for all of your accounts.

Once you have entered the information, click '+Add To List'.

No bank accounts ☐ (click to select)

Value

Bank Name

[+ Add To List](#)

Value Bank Name

More Information 



Previous Step 

### Next Step

**If you have any other assets, please describe.**

Household goods, furniture and possessions are not considered assets.

No other assets ☐ (click to select)

Source

Value

More Information 

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 Next Step

**If you disposed of (sold, given away) any assets in the last two years, please describe.**

Household goods, furniture and possessions are not considered assets.

Once you have entered the information, click '+Add To List'.

No disposed assets ☐ (click to select)

Source

Value

+ Add To List

Source Value

More Information ?

✕ Exit

← Previous Step

Next Step →

**Follow the steps below to store your assessment for 5 days**

You must **store** your assessment before the system can calculate your eligibility estimate.

**If you exit this tool before you submit your application**, you will need an Assessment ID and password to return to your assessment. Your assessment will be stored until Saturday, July 09, 2016. If you do not open your assessment again within five days, it will be deleted. (To avoid losing your assessment, make sure you **submit** your application.)

Please enter a password that contains:

- At least 6 characters, and not more than 10 characters
- At least one number (your password cannot be all letters)
- At least one letter (your password cannot be all numbers)

**Note:** Passwords are case sensitive.

Password:

Confirm Password:

Make sure you choose a password that is easy to remember. **We cannot retrieve or reset your password for you. If you lose your password, you will need to start this tool again, from the beginning.**

Previous Step ←

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✓ Your assessment was successfully stored.

Your Assessment ID is: **547869**

The Assessment will be available until end of day, Saturday, July 09, 2016.

You should write the Assessment ID down somewhere safe so you can use it to access your assessment. This unique number is provided only to you. In order to protect your privacy, no one else can view or retrieve this number.

After the 5 days have passed, if you have not accessed your assessment, the assessment will be deleted. If you return to the system after 5 days, you will need to start a new assessment.

If you would like to have this Assessment ID emailed to you, please enter your email address below.

Email Address:

Confirm Address:

 Send Email

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**Eligibility Estimate**

**Based on the information provided, you may be eligible for assistance. The estimated monthly eligibility amount is \$580.00**

Note: Effective September 1, 2015, government will no longer deduct child support payments from income and disability assistance calculations.

This is an estimate only. **Your application for assistance is NOT complete.** If you decide to apply, your actual eligibility will be determined during your interview. **If you still want to apply, click on the green "Next Step" button below to continue the application process.**

**Note: This eligibility estimate does not factor in rates for Persons with Disabilities (PWD). If you plan to apply for PWD, discuss this with the worker during your eligibility interview. Your actual eligibility will be determined during your interview, if you are eligible.**

**Note: This eligibility estimate may not apply to persons with a Life Threatening Health Need (LTHN). If you have a LTHN, complete this application, then please contact the ministry directly at 1-866-866-0800.**

**DO YOU WANT TO APPLY? Click the 'Next Step' button below to continue.**

You will need to answer more questions before you can submit your application.

**DECIDE LATER? Click the 'Exit' button below.**

**IMPORTANT:** Your information has **NOT** been sent to the ministry.

Your information will be stored for 5 days only. If you want to submit an application later, you will need your Assessment ID and password. The ministry is **NOT** able to access this information for you.

If you cannot provide identification it may affect your eligibility for regular assistance.

 Exit  Previous Step  Next Step

**Recent Employment**

Currently, are you:

Unemployed ☐ Yes ☒ NoWorking less than 20 hrs/wk ☐ Yes ☒ NoWorking 20 or more hrs/wk ☐ Yes ☒ NoA full-time student ☐ Yes ☒ NoAt risk of losing my job ☐ Yes ☒ No

More Information ?

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Next Step



**How long has it been since you last worked? (in paid employment or self employment)**

- ☐ Less than 6 Months
- ☐ More than 6 Months, up to 1 Year
- ☐ More than 1 Year, up to 2 Years
- ☐ More than 2 Years
- ☐ I have never worked

More Information 

 Exit

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 Next Step

**How much time have you spent in stable work in the past 5 years?**

- ☐ Less than 6 Months
- ☐ More than 6 Months, up to 1 Year
- ☐ More than 1 Year, up to 2 Years
- ☐ More than 2 Years, up to 4 Years
- ☐ More than 4 Years, up to 5 Years
- ☐ More than 5 Years

[More Information ?](#)[✕ Exit](#)[Previous Step ←](#)[→ Next Step](#)

**Which of the following best describes your recent work history?**

I am looking for my first job in Canada

☐ Yes ☒ No

I have never worked

☐ Yes ☒ No

I have recently worked as a volunteer

☐ Yes ☒ No

I have recently worked full-time (30 or more hours per week)

☐ Yes ☒ No

I have recently worked part-time (less than 30 hours per week)

☐ Yes ☒ No

I have recently worked in my own business (self-employed)

☐ Yes ☒ No

Other

☐ Yes ☒ No

Other:

More Information ?

 Exit

Previous Step ←

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**What is the highest level of schooling that you have completed?**

Select the best response.

More information  ExitPrevious Step  Next Step

What is the main language that you speak and understand?

☐ English

☐ French

☐ Other

Other:

More Information ?


X


Exit




Previous Step ←

→ Next Step

**Do you have the English skills to get and keep a job?**

Please select... 

More Information 

 Exit  Previous Step  Next Step

**Are you fleeing an abusive spouse or relative?**

☐ Yes

☐ No

More Information 

 Exit

Previous Step 

 Next Step

**Are you in immediate need of food?**

Before answering, please consider:

Have you used all available income and/or assets in order to meet this need?

☐ Yes

☐ No

More Information 

 Exit

Previous Step 

 Next Step



**Are you in immediate need of shelter?**

This includes, but is not limited to, existing or impending hydro disconnect, eviction notice, or staying at a hostel, emergency shelter, or transition house with no suitable accommodation to move to in the immediate future.

☐ Yes

☐ No

More information 

 Exit

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 Next Step

**Are you in immediate need of urgent medical attention?**

This includes, but is not limited to, needing prescriptions from a medical doctor for medication or supplies.

☐ Yes

☐ No

More Information 

 Exit

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**Do you have a physical or mental condition that makes it difficult or prevents you from searching for employment?**

☐ Yes

○ No

**More Information ?**

[Previous Step](#) 

**➡ Next Step**

Are there any legal reasons why you cannot work in Canada?

☐ Yes

☐ No

More Information ?

✕ Exit

Previous Step ←

Next Step →

**Are you required to be in receipt of assistance in order to gain acceptance in to a recovery home or facility?**

This includes licensed Drug and Alcohol facilities or Mental Health facilities.

☐ Yes

☐ No

More Information ?

Exit

Previous Step

Next Step

**Do you, and if applicable your spouse, consent to being contacted in the future for surveys or other research?**

The ministry may contact you at a later date to participate in surveys or focus groups for research purposes. Survey questions may concern your employment history, earnings and any training received; or your experiences in obtaining services from the ministry and your ideas for improvement. Your participation in future surveys or focus groups would be voluntary and your eligibility for assistance is not dependent on your participation. This consent is valid for three years from the date signed.

Note: If you are not married or common-law please select "No" for Spouse

Applicant

☐ Yes

☐ No

Spouse

☐ Yes

☐ No

More Information 

 Exit

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 Next Step

**So that we may better assist you, please briefly explain any changes to your recent sources of income or circumstances that have caused you to apply for income assistance.**

You may also want to include any special requirements that we should be aware of to help us prepare to assist you.

450 characters remaining

More Information ?

 Exit

 Previous Step

 Next Step

Did anyone assist you with completing this online application?

Please select...

More Information ?

x

Exit

Previous Step ←

→ Next Step



Select the Region where you live.

A worker will contact you within five business days to book an eligibility interview. You will be contacted earlier if you have an immediate need.

Please choose a ministry region: 

Please choose a ministry region: ▼ \*

1 - Vancouver Island

2 - Coastal

3 - Fraser

4 - Interior

5 - North

✕ Exit

Previous Step ←

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<https://www.iaselfserve.gov.bc.ca/Location.aspx>

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**The following information is a summary of the responses you have provided during this application process. This information will be verified and used to assess your eligibility for income assistance.**

Family Type: Single Person  
 Previous Applicant: No  
 Applicant Applying for Person with Disability Designation: No  
 PWD Youth to Adult DSM (Applicant): No  
 PWD Youth to Adult At Home (Applicant): No  
 Applicant has Outstanding Warrants: No  
 Applicant Last Name:  
 Applicant First Name:  
 Applicant Middle Names:  
 Applicant Other Last Name:  
 Applicant Other First Name:  
 Applicant Other Middle Names:  
 Applicant Birth Date:  
 Applicant Gender: Female  
 Applicant Self Identify as a First Nations: No  
 Applicant Receiving Assistance from Band: No  
 Identification: Yes  
 Disability Communication Barrier: No  
 Applicant Marital Status: Single - Never Married  
 Support: No  
 Homeless in the Past 12 Months: No  
 Living Arrangement: Rent  
 Monthly Rent Amount:  
 Shared Rent: Yes  
 Apartment Number:  
 Address Line 1:  
 Address Line 2:  
 City: Victoria  
 Province: British Columbia  
 Postal Code: V8R4P7  
 Monthly Hydro Cost:  
 Monthly Heat Cost:  
 Monthly Gas Cost:  
 Property Tax amount:  
 House Insurance amount:  
 Phone amount: 15.00  
 Last Name:  
 First Name:  
 Other Middle:  
 Relationship:  
 Other Occupants:  
     Last Name:  
     First Name:  
     Other Middle:  
     Relationship:  
 Primary Contact Number:  
 Alternate Contact Number:  
 Preferred call back window: 12pm - 4:30pm  
 Confidential Messages Allowed: Yes  
 Other Expense Source: Cable  
 Other Expense Amount:  
 Financial Help Source:  
 Financial Help Amount:  
 Applicant Born in Canada: Yes  
 Canadian Citizen: Yes  
 Applicant Moved From:  
 Applicant Moved To BC:  
 Applicant Recent Employment Insurance Recipient: No  
 Applicant Not Looking For Work Reason:  
 Applicant Financially Independent for Two Years: Yes  
 Applicant Income from Working: 30.00  
 Applicant Rental Income:  
 Applicant Income from Roomer:  
 Applicant Income from Boarder:  
 Applicant Dividend, Interest or Mortgage Income Amount:  
 Applicant Employment Insurance Benefits Amount:  
 Applicant Training Amount:  
 Applicant Training paid by ASETS:  
 Applicant Canada Pension Amount:  
 Applicant Private Pension Amount:  
 Applicant Disability Pension Amount:  
 Applicant Old Age Security Amount:  
 Applicant Guaranteed Income Supplement Amount:

Applicant Senior's Supplement Amount:  
 Applicant War Veteran's Allowance Amount:  
 Applicant WorkSafe Benefits Amount:  
 Applicant WorkSafe Benefits Expiry Date:  
 Applicant Basic Child Tax Benefit Amount:  
 Applicant National Child Benefit Amount:  
 Applicant BC Family Bonus:  
 Applicant BC Earned Income Benefit:  
 Applicant Other Unearned Income Source:  
 Applicant Other Unearned Income Amount:  
 Applicant Other Earned Income Source:  
 Applicant Other Earned Income Amount:  
 Potential Income Source:  
 Potential Income Amount:  
 Potential Income:  
 Vehicle Year:  
 Vehicle Make:  
 Vehicle Model:  
 Vehicle Value:  
 Amount Owning on Vehicle:  
 Vehicles:

Vehicle Year:  
 Vehicle Make:  
 Vehicle Model:  
 Vehicle Value:  
 Amount Owning on Vehicle: 0.00

Recreational Vehicle Year:  
 Recreational Vehicle Make:  
 Recreational Vehicle Model:  
 Recreational Vehicle Value:  
 Recreational Vehicles:  
 Property Description:  
 Property Net Value:  
 Property:  
 Applicant Cash on Hand Amount:  
 Applicant Investment Source:  
 Applicant Investment Amount:  
 Applicant RRSP Value:  
 Applicant Life Insurance Policy Value:  
 Applicant Trust Fund Value:  
 Bank Account Balance:  
 Bank Name:  
 Bank Accounts:

Bank Account Balance: 25.00  
 Bank Name: TD Canada Trust

Applicant Other Asset Source:  
 Applicant Other Asset Value:  
 Disposed Asset Source:  
 Disposed Asset Value:  
 Disposed Assets:  
 Assessment ID: 547869  
 Unemployed (Applicant): No  
 Working less than 20 hrs/wk (Applicant): No  
 Working 20 or more hrs/wk (Applicant): No  
 A full-time student (Applicant): No  
 At risk of losing my job (Applicant): No  
 Last Worked (Applicant) Less than 6 Months  
 Time in stable work (Applicant) More than 5 Years  
 I am looking for my first job in Canada (Applicant): No  
 I have never worked (Applicant): No  
 I have recently worked as a volunteer (Applicant): No  
 I have recently worked full-time (30 or more hours per week) (Applicant): No  
 I have recently worked part-time (less than 30 hours per week) (Applicant): No  
 I have recently worked in my own business (self-employed) (Applicant): No  
 Other (Applicant): No

Other (Applicant):  
 What is the highest level of schooling that you have completed? (Applicant): Post-secondary degree  
 What is the main language that you speak and understand? (Applicant): English  
 Other language (Applicant):  
 Do you have the English skills to get and keep a job? (Applicant): Yes  
 Fleeing Abuse: No  
 Immediate Need of Food: No  
 Immediate Need of Shelter: No  
 Immediate Need of Medical: No  
 Work Search Exempt - Physical/Mental Condition: No  
 Work Search Exempt - Unable to Legally Work: No  
 Work Search Exempt - Recovery: No  
 Applicant Voluntary Consent: Yes  
 Spouse Voluntary Consent: Yes

General Situation: xyz  
Process Assistance: No, I completed the application by myself.  
Region: Vancouver Island

If you would like to have this summary emailed to you, please enter your email address below.

Email Address:

Confirm Address:

 Send Email

 Exit

Previous Step 

 Next Step

**Do you want to apply for income assistance? If yes, enter your SIN below, and then click the green "Submit Application" button.**

By entering your SIN below you are confirming that:

you are who you say you are and  
the information you provided in this application is complete, accurate and true.

To submit your application, you must indicate that you agree to the terms presented on the next page. These include: roles and responsibilities, third-party checks, and consents. When you agree to these terms, this is considered your written consent. This consent will apply to you and, if applicable, your spouse and dependants.

SIN:

Income Assistance payments are made through direct deposit. Please have your bank account information ready for your eligibility interview.



Exit

Previous Step



Submit Application