

## Instructions

Make 2 copies of this form. Keep one for your records.  
Submit the original to the ODSP office.

Member ID \_\_\_\_\_  
Date (yyyy/mm/dd) \_\_\_\_\_

Last Name	First Name	Middle Initial
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Name of Business \_\_\_\_\_

## Business Address

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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Telephone Number	Type of Line <input type="checkbox"/> Personal <input type="checkbox"/> Business
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Describe the nature of your business

Business is registered with the Ministry of Government and Consumer Services.

☐ Yes      ☐ No

Type of Business

☐ Partnership      ☐ Proprietorship      ☐ Incorporated

Business Start Date (yyyy/mm/dd)	Business Number	PST/HST Number	GST Number
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### Outstanding Loan(s) and Credit Lines/Cards

Original Amount (\$)	Balance Owning (\$)	Expected Finish Date	Purpose of Loan

## Accounts Receivable

Outstanding Amount (\$)	Details regarding collection
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## Accounts Payable

Outstanding Amount (\$)	Payment Schedules
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**Notice with Respect to the Collection of Personal Information**  
(Freedom of Information and Protection of Privacy Act)  
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact \_\_\_\_\_ at \_\_\_\_\_ in your local Ontario Disability Support Program office.

**For Ministry Use Only**

Fiscal year start date for business (yyyy/mm/dd)	Review Date (yyyy/mm/dd)
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