

## Ministry of Community and Social Services

## **Request for Approval Reinvestment Expense**

Name		SDMT Member I.D.	Case Org.
Name of business			
You must obtain approval to reinvest part of your Net Business Income in a business asset rather than declaring it as income. You must submit a reinvestment plan which describes what the money will be used for, the cost of the item, the amount to be set aside each month, the date you expect to purchase the item, and how much business income is expected from the reinvestment. Once the item is purchased you can no longer claim the reinvestment expense. You must provide a copy of the receipt to your local Ontario Works or ODSP office when the purchase is made.			
Item to be purchased			
Cost of item	Expected date of purchase	Monthly amount re	equired
Describe how this item will increase your business income			
I declare the information given here to be accurate and complete.			
V	curate and complete.		
Signature of recipient/participant		Date	· · · · · · · · · · · · · · · · · · ·
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 Works or ODSP office.			
	at(	) In your local (	Ontario Works or ODSP office.
Office Use Only	_		
Request for reinvestment Approved	Not approved		
Signature		Date	
Date item purchased Amo	ount paid* \$	Receipt received from recipient/participar	t Yes No
*If the cost of the item was less than the amount accumulated, noted details:			

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