



Niagara Regional Housing

1815 Sir Isaac Brock Way, PO Box 344, Thorold, ON L2V 3Z3
Telephone: 905-682-9201 Toll-free: 1-800-232-3292
Main Fax: 905-687-4844 Contractor Fax: 905-682-8301
www.nrh.ca

Notice to Tenants

Annual Income Declaration Package

This Annual Income Declaration Package must be completed and returned within 30 days. You must provide copies of your proof of income.

If we do not receive this information within 30 days, you will be given notice that your rent will be raised to market rent. This means that you will no longer be eligible for rent subsidy.

If you need help to complete the forms or need more copies, please call your Tenant Support Representative (TSR) at 905-682-9201.

It is an offence under the Housing Services Act (HSA) to knowingly obtain or assist a household member to obtain rent-gated-to-income assistance for which they are not entitled. This offence carries up to \$5,000 in fines or up to six months' imprisonment and will prohibit you from re-applying for assistance for a minimum of two years.

NRH now has an **Eligibility Review Officer (ERO)** on staff to investigate suspected cases of fraud and misrepresentation of income. If there is evidence that an offence under the HSA has been committed, the matter may be referred to the police for investigation.

There are more than 4,500 households waiting for affordable housing in Niagara. The ERO will make sure that NRH units are occupied by eligible households.

This will not affect tenants who are following the rules and completing this Annual Income Declaration Package.

If you need this or any other material in a different format please contact your Tenant Support Representative.

Instructions

Step 1: **Complete both sides**

Step 2: **Attach proof of all sources of income for your household.** See page 2 for a list of income and assets, with examples of supporting documents. This means:

- a. **If you are on Social Assistance** (Ontario Works, Ontario Disability Support, etc.) you must provide a proof of eligibility letter and statement of assistance.
- b. **If you are working**, you must provide an **Employment Verification Form-Schedule 1** (attached) **OR** 8 straight weeks of your most recent pay stubs.
- c. Any household member with **other income** (i.e. Employment Insurance, Canada Pension, Worker's Compensation, private pension, etc.) must provide their most recent statement.
- d. **Children age 16 or older** who are still living at home must provide either:
(1) proof that they are in full-time attendance at school; or (2) proof of income.
- e. Each household member must provide copies of all bank books/bank statements for the last 2 months **OR** a **Verification of Assets Form-Schedule 2** (attached).

Step 3: Attach the most recent **Notice of Assessment** from Revenue Canada for each household member 1-800-959-8281 **OR** go to <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/a-proof-income-statement-option-print.html> to request a copy of the **Option 'C' Proof of Income Statement**.

Step 4: **Sign pages 6, 7, 8 and 9 (age 16 and older)**

Step 5: **Return completed package by:** _____

In-person or by mail to
Niagara Regional Housing
Niagara Region Headquarters, Campbell East
1815 Sir Isaac Brock Way
PO Box 344
Thorold, ON L2V 3Z3

Or
put in NRH drop box

If you have any questions or need help with this package, please call 905-682-9201 ext. _____ or 1-800-232-3292 (Grimsby).

**If you do not complete and return this package within 30 days
you could lose rent-geared-to-income assistance.**

List of Income and Assets with Examples of Supporting Documents

Income and Assets	Proof of Income and Assets Required for all Tenants/Members (unless paying full market rent)
Employment	
<ul style="list-style-type: none"> • Full-time, part-time, casual, seasonal, overtime • Commissions, tips, bonuses • Illness and disability pay • Workplace Safety and Insurance Board (WSIB) – short term 	<ul style="list-style-type: none"> • Pay stubs for at least 8 straight weeks or • Employment Verification Form-Schedule 1 (page 8 of this package) completed by your employer or • Letter from employer or agency with your gross monthly income or average earnings and length of employment (on company letterhead)
Self-Employment	
<ul style="list-style-type: none"> • Tutoring • Babysitting/Child Care • Taxi • Business • Other 	<ul style="list-style-type: none"> • If you have been self-employed less than one year, you must provide: <ul style="list-style-type: none"> ➢ Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths This is a free service from Service Ontario at https://www.ontario.ca/welcome-serviceontario • If you have been self-employed over one year, you must provide: <ul style="list-style-type: none"> ➢ Financial statements prepared by a public accountant; or ➢ Certified income tax return and Revenue Canada Notice of Assessment, from the previous year or call 1-800-959-8281 for an Option “C” printout
Pensions and Allowances	
<ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension - CPP, QPP • Pensions - Widow's, Retirement, War Disability, other Country • War Veteran's Allowance (DVA) • Training Allowances 	<ul style="list-style-type: none"> • Cheque stubs or copy of cheque (OAS); or • Direct bank deposit • Copy of bank book entries for previous two months or monthly bank statements, along with a letter from government agency issuing cheque • Statement from Canada Employment and Immigration or employer
Assets	
<ul style="list-style-type: none"> • Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities) • Registered Retirement Savings Plan (RRSP) • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's) • Life Insurance (with a cash surrender value) 	<ul style="list-style-type: none"> • Completed Verification of Assets Form-Schedule 2 (page 9 of this package), or copies of bank books or bank statements for the last two months for ALL bank accounts Note: Only interest portion is included in the calculation. • Copy of Investment Certificates • Copy of RRSP Statements • Copy of Real Estate Appraisals • Copy of Insurance Policies • Copy of T3 or T5 tax form
Support Income/Payments	
<ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) long term • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony, child support, separation • Ontario Student Assistance Program (OSAP) • Sponsorship Support 	<ul style="list-style-type: none"> • Cheque stub or letter from government agency • Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter from lawyer. This is a free service from Service Ontario at https://www.ontario.ca/welcome-serviceontario • Copy of assessment form and confirmation of other earnings • OSAP award letter • Confirmation of Permanent Residence document and sponsorship support agreement
Social Assistance	
<ul style="list-style-type: none"> • Ontario Works (OW) • Ontario Disability Support Program (ODSP) 	<ul style="list-style-type: none"> • Proof of Eligibility Letter and Statement of Assistance



Annual Income Declaration Form

Effective Date			Tenant Account			
MM	DD	YY	Number			

Fill in all sections

Home Address – Street # and Street Name	Unit/ Apt. #	City	Postal Code				No. of Bedrooms

Household Member # 1	Household Member # 2
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Last Name	Last Name
First Name	First Name
Social Insurance Number	Social Insurance Number
Date of Birth (MM/DD/YY)	Date of Birth (MM/DD/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
Home Phone Number	Home Phone Number
Business Phone Number	Business Phone Number

Current Income From All Sources
Please Attach Proof for Each Source of Income (refer to list on page 2)

	Household Member No. 1 <i>Gross Monthly Amount</i>	Household Member No. 2 <i>Gross Monthly Amount</i>
Social Assistance		
Ontario Works (OW)		
Ontario Disability Support Program (ODSP)		
Employment		
Name of Employer		
Self Employment		
Name of Business		
Other Income		
Assets (refer to page 2)		
Source & Value		
Pensions and Allowance		
Canada Pension Plan (CPP)		
Old Age Security (OAS)		
Other:		

Additional Household Member(s) or Child/Dependent(s) who Live in your Unit

Additional Household Member(s)

If your child who lives with you...

- has a child, then your child is an “Additional Household Member”
- has or had a spouse, then your child is an “Additional Household Member”
- is 16 or over, and moved out of your home at any time and returned (not including periods while attending full-time school), then your child is an “Additional Household Member”

Fill in this area if your child is an “Additional Household Member”

Additional Household Member # 1	Additional Household Member # 2
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Last Name	Last Name
First Name	First Name
Social Insurance Number	Social Insurance Number
Date of Birth (MM/DD/YY)	Date of Birth (MM/DD/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
Home Phone Number	Home Phone Number
Business Phone Number	Business Phone Number
Name of Employer, Source of Income, or School Attending Full-time	Name of Employer, Source of Income, or School Attending Full-time
Gross Monthly Income	Gross Monthly Income

Fill in this area if child is not an Additional Household Member as listed above or is a child of your child
Children/Dependents who Live in the Unit (May be any age)

Name	Relationship to which household member	Date of Birth (MM/DD/YY)	Sex M/F	Signed Lease Yes/No	Name of Employer, Source of Income, or School Attending Full-time	Gross Monthly Income

Continued Rent-Geared-to-Income Eligibility

Has anyone moved into or out of your unit in the past year? No Yes
 If **yes**, please complete the following:

Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?
Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?

Did you previously notify NRH of these household change(s)?
 No Yes If **yes**, provide date(s) you notified NRH (MM/DD/YY)

Are you under a removal order to leave Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you able to live independently without supports (ex. Community Care Access Centre (CCAC), March of Dimes, Canadian Mental Health Association (CMHA) etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please list supports
Do you own a house? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Have you transferred or given away any property, real estate, investments or other funds to relatives or friends? Yes No If **yes**, please provide details

Have you informed NRH of all changes in your household income during the past year (within 30 days of the changes)? Yes No If **yes**, provide date(s) you notified NRH (MM/DD/YY)

Who should NRH contact in case of emergency?

Name	Address	City	Province	Postal Code
Home Phone No.	Business Phone No.	Relationship		

Executor and/or Next-of-Kin

Same as above <input type="checkbox"/>	Executor <input type="checkbox"/>	Address	City	Province	Postal Code
Name	Next-of-Kin <input type="checkbox"/>				
Home Phone No.	Business Phone No.	Relationship			

Doctor

Name	Telephone
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Do You Own...

Pets <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? Breed or type:	
Air Conditioner(s) How many? 0 1 2 3 4 (circle one of the above)	Dryer <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> None Stove <input type="checkbox"/> Electric <input type="checkbox"/> Gas
Vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes	Make/Model Year Colour License Plate No.

Declaration Form
Must be signed by all household members age 16 and older

By signing this form you are making a sworn statement that the following is true.

- I have read and understand the List of Income and Assets on page 2 of this NRH **Annual Income Declaration Package**.
- I understand that I must inform my Housing Provider within 30 days of:
 - Any changes in my income and earnings. For example, when I start a new job or receive a new type of income, etc.
 - Any changes in my address, phone number, and number of household members. For example, when people move in or out, including births and deaths
- I understand that if I do not report my changes within 30 days, I may lose my eligibility for rent-geared-to-income (RGI) assistance.
- I understand if I owe money for rent (arrears) to any social housing provider, I must prove that I am making regular payments to pay back the money. Otherwise, I will not be eligible for RGI assistance.
- I understand if I owe money for damages caused by a member of my household or guest to any social housing provider, I must prove that I am making regular payments to pay back the money. Otherwise, I will not be eligible for RGI assistance.
- I agree that everything in this income declaration package is correct and complete, and that I must provide supporting documents as required.
- I understand that I may no longer be eligible for RGI assistance if I have knowingly withheld information or provided false information.
- I understand that it is an offence under the Housing Services Act, 2011, to knowingly:
 - Receive RGI assistance for which I am not eligible
 - Help a household member get RGI assistance for which they are not eligible
 If I am found guilty of one or both offences, I may be banned from re-applying for RGI assistance for two years or more.

Must be signed by all household members age 16 and older:

Name (print)	Signature	Date (MM/DD/YY)



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**Consent Form to Collect, Disclose and Verify Personal Information
 Must be signed by all household members age 16 and older**

By signing this form, I agree to the following terms to determine my present, ongoing and past eligibility for rent-geared- to-income (RGI) assistance.

I agree to Niagara Regional Housing (NRH) collecting personal information about me under the authority of the following Acts:

- Housing Services Act, 2011 (HSA)
- Freedom of Information and Protection of Privacy Act (FIPPA)
- Municipal Freedom and Information of Privacy Act (MFIPPA)
- Privacy Information Protection and Electronics Document Act (PIPEDA)

I agree to NRH sharing my information with housing providers, including:

- Non-profit housing corporations and co-operatives
- Other municipal, provincial and federal government departments that provide rent-geared-to-income (RGI) assistance

The information to be shared includes:

- The personal information on my application and reviews for RGI
- Any previous money owing (arrears) to RGI housing providers

I agree to NRH and other housing providers to:

- Use my information to determine my eligibility for RGI and the amount of rent I will be charged
- Share and verify my information with:
 - Any municipal, provincial and federal government departments, or other social agencies that provide income assistance to me, including but not limited to Ontario Works (OW), the Ontario Disability Support Program (ODSP) and Canada Pension Plan (CPP)
 - Any municipal, provincial and federal government departments, or any person, corporation, social agency or financial institution that has the information to be verified, including but not limited to the Canada Revenue Agency and Immigration, Refugees and Citizenship Canada

Must be signed by all household members age 16 and older:

Name (print)	Signature	Date (MM/DD/YY)

Employment Verification Form
Schedule 1
To be completed for each employed household member age 16 and older
IF 8 straight weeks of most recent pay stubs are not available

I agree that the information below can be given to **Niagara Regional Housing** as required under the terms of my lease/occupancy agreement.

Section 1 - To Be Completed by Employee

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	Employee - Last Name, First Name (please print)	Initial
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.		
Home Phone No:		Business Phone No:	Social Insurance No.
Address – Street Number and Street Name		Apt. No.	City/Province
			Postal Code
Employee signature			Date
			MM DD YY

Section 2 - To Be Completed by Employer

Please provide information requested for above-named employee and return to the employee

Employer's Company Name			Employee's Position		
Employer's Street Address			City/Province		Postal Code
Employer's Phone No:	Employee Presently Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Rate/Per _____	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	If hourly, average number of hours/week:	Date Employment Started
					MM DD YY
Income Breakdown	Gross Earnings in Past 8 Weeks		Gross Earnings in the Past Year		
	From _____	To _____	From _____	To _____	
Base Salary					
Overtime and Premium Shift Bonus					
Cost of Living Allowance					
Commissions, Gratuities/Tips					
Yearly Bonus					
Other Benefits					
Total Gross Earnings					
Name of Employer (Please Print)			Signature of Employer		
Position	Phone number		Date		

If you need more blank forms, please call your TSR or make copies.

**Verification of Assets (income-producing) Form
Schedule 2**

This form is NOT needed if you are submitting copies of bank book(s) for bank accounts and all other investments and income-producing assets for the last two months.

**This form can be given to your bank to complete for proof of deposits,
GICs, RRSPs, RIFFs, Mutual Funds, etc.**

- It is the responsibility of the tenant/member to have this form completed by their financial institution and return it to Niagara Regional Housing (NRH). Call NRH if you need more copies.
- This form is for proof of **income-producing assets** only. If you have any other types of **income-producing or non-income-producing assets**, please contact NRH regarding proper proof.

Section 1 – To be completed by Tenant/Member

I/We _____ and _____			
Living at: _____			
Agree that: <i>(Name of Financial Institution)</i> _____			
May provide the information requested below (as required under the terms of my lease/occupancy agreement) to: _____			
Household Member #1 Signature	Date (MM/DD/YY)	Household Member #2 Signature	Date (MM/DD/YY)

To whom it may concern: Tenant/member's rent/housing charges are calculated based on their **gross** monthly income. Please provide all available information as requested for the household member(s) named above. All information is 'Confidential'.

Section 2 - To Be Completed by Financial Institution

Saving/Chequing Accounts					
Account No.	Balance (\$)	Current Interest Rate (%)	Interest Earned Past 12 Months (\$)		
Direct Deposits Made to Above Account(s) (List details below)					
Source	Amount	Monthly/ Weekly	Source	Amount	Monthly/ Weekly
Term Deposits, Investment Certificates, etc.					
Security	Value (\$)	Current Interest Rate (%)	Interest Earned Past 12 Months (\$)		
Registered Retirement Savings Plans (RRSP's)					
Account No.	Value (\$)	Type of RRSP			
Financial Institution Seal or Stamp:			Name of Financial Institution		
			Address		
			Authorized Signature		
			Position		
			Phone No.	Date	
			MM	DD	YY