



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, 2011 (HSA) to knowingly obtain or assist a household member to obtain rent-g geared-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.

Niagara Regional Housing 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.

**Senior / Adult
Annual Income Declaration Package**

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 a Pension** (Old Age Pension, Canada Pension, private pension, etc.) you must provide a letter from Service Canada, government agency and/or a letter from the private pension-fund provider who issues your monthly pension.
Also provide a copy of your most recent bank book entries or direct deposits in your bank statements for the previous 2 months.
- b. **If you are on Social Assistance** (Ontario Works, Ontario Disability Support, etc.) you must provide your statement of assistance including the top half that lists the members of your benefit unit.
- c. **If you are working**, you must provide an **Employment Verification Form-Schedule 1** (attached) **OR** 8 straight weeks of your most recent pay stubs.
- d. Any household member with **other income** (i.e. Employment Insurance, Canada Pension, Worker's Compensation, private pension, child and/or spousal support, sponsorship etc.) must provide their most recent statement.
- e. **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.
- f. Each household member must provide copies of all bank books/bank statements for the last 2 months for all bank accounts.
- g. Each household member with income-producing assets must provide the **Verification of Assets Form-Schedule 2** (attached). See page 2 for a list of income-producing assets.

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: **Read, sign and date the Declaration and Consent on pages 5 and 6 if you are age 16 or 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

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 require copies of any forms within the Senior/Adult Annual Income Declaration Package, please contact your Tenant Support Representative. They are also available on the NRH website nrh.ca

**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 7 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 one year or more, you must provide: <ul style="list-style-type: none"> ➢ Financial statements prepared by 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 Plan - CPP, QPP • Pensions - Widow's, Retirement, War Disability, private or other Country • War Veteran's Allowance (DVA) • Training Allowances • Registered Retirement Income Fund 	<ul style="list-style-type: none"> • A letter from Service Canada, government agency and/or private pension-fund provider, confirming amount of monthly pension, along with copy of bank book entries or direct deposits in bank statements for previous two months • Statement from government agency • Statement from employer • Registered Retirement Income Fund (RRIF) statements showing date and amounts withdrawn
Assets-Bank Accounts	
<ul style="list-style-type: none"> • Any type of chequing and savings account • Any type of business account • Any type of foreign account 	<ul style="list-style-type: none"> • Copies of bank statements for the last two months for ALL bank accounts • Proof of any accounts that have been closed since the last annual renewal
Assets-Income-Producing	
<ul style="list-style-type: none"> • Interest-producing chequing and savings accounts • Stocks, bonds, shares, securities, annuities • Registered Retirement Savings Plan or Income Fund (RRSP, RRIF) • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's), Term Deposits, Mutual Funds • Life Insurance (with a cash surrender value) 	<ul style="list-style-type: none"> • Completed Verification of Assets Form-Schedule 2 (page 8 of this package) Note: Only interest portion is included in the rent calculation. • Copy of Investment Certificates • Copy of RRSP Statements • Copy of RRIF 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 • Spousal Support (Alimony) • Child Support • Ontario Student Assistance Program (OSAP) • Sponsorship Support 	<ul style="list-style-type: none"> • Letter from government agency confirming the amount of monthly benefit and/or settlement • Court Order, Separation Agreement, Divorce Order/Decree or letter from lawyer • Family Responsibility Office (FRO) Schedule A • Sworn affidavit with both the applicant's and ex-spouse's signatures. This is a free service from Service Ontario at https://www.ontario.ca/welcome-serviceontario • OSAP Assessment Summary • Confirmation of Permanent Residence Status and/or Sponsorship Agreement
Social Assistance	
<ul style="list-style-type: none"> • Ontario Works (OW) • Ontario Disability Support Program (ODSP) 	<ul style="list-style-type: none"> • Statement of Assistance <u>including the top half that lists the members of your benefit unit</u>



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		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		<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 # 1 <i>Gross Monthly Amount</i>	Household Member # 2 <i>Gross Monthly Amount</i>
Pensions and Allowance		
Canada Pension Plan (CPP)		
Old Age Security (OAS)		
Other:		
Social Assistance		
Ontario Works (OW)		
Ontario Disability Support Program (ODSP)		
Employment		
Name of Employer		
Self Employment		
Name of Business		
Assets (refer to page 2)		
Source & Value		
Other Income		
If your current income includes pension income, what is the amount of income tax being deducted? \$ _____	Do you own a house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you transferred or given away any property, real estate, investments or other funds to relatives or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details		
Have you informed NRH of all changes in your household income in the past year (within 30 days of the changes)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s) you notified NRH (MM/DD/YY)		

Rent-Geared-to-Income Eligibility (continued)

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 (for example 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:
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Emergency-Response-List Update

Do you need help to leave your building in case of a fire or emergency? Yes No

Do you use a cane, scooter, walker or wheelchair?
 Cane Scooter Walker Wheelchair

Do you have hearing problems that would prevent you from hearing the alarm? Yes No

Do you have visual problems that would prevent you from leaving the building in an emergency?
 Yes No

Other (i.e. oxygen):

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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Friend in the Building

Name	Unit Number	Telephone
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Do You Own...

Air Conditioner <input type="checkbox"/> Yes How many? 1 2 <input type="checkbox"/> No		Pets <input type="checkbox"/> Yes How many? Breed or type: <input type="checkbox"/> No		
Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/Model	Year	Colour	License Plate No.

Declaration Form

Must be signed by all household members, including dependents age 16 or 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, including dependents age 16 or 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, including dependents age 16 or 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 of Information and Protection 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, including dependents age 16 or 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** to calculate rent based on my gross income. I is required under the terms of my Tenancy/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	
Hourly rate of pay:	If hourly, average weekly hours:	If salary, gross weekly pay:	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employment Started		Gross Earnings Year-to-Date:
				MM	DD	

Last Eight Weeks of Earnings

Employee Presently Paid: Weekly Bi-Weekly Monthly Bi-Monthly Other _____

Pay Date	Gross Earnings	Additional Income Not Included in the Gross Earnings		
		Gratuities/Tips	Commission	Other Income Benefits/Bonuses
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Name of Employer (Please Print)		Signature of Employer		
Position		Phone number		Date

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

- 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).
- This form is for proof of **income-producing assets** only. **Income-producing assets** include but are not limited to:
 - Interest-producing chequing and savings accounts
 - Registered Retirement Investment Fund (RRIF)
 - Stocks, bonds, shares, securities, annuities
 - Registered Retirement Savings Plan (RRSP)
 - Term deposits
 - Guaranteed Investment Certificate
 - Tax Free Savings Accounts (TFSA)
 - Mutual Funds
- 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 below in Sections 2 to verify my income-producing assets. (Required under the terms of my Tenancy Agreement/Occupancy Agreement to calculate rent based on my gross earnings).			
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

Accounts/Investments			
Type of Investment	Account Number	Current Value (\$)	Interest/Return/Dividends earned in the past 12 months (\$)
Registered Retirement Savings Plans (RRSP/RRIF)			
Type of RRSP/RRIF	Account Number	Current Value (\$)	
List any other income-producing assets not noted above that earned interest, return, and/or dividends in the last twelve months:			
Financial Institution Seal or Stamp:		Name of Financial Institution	
		Address	
		Authorized Signature	
		Name and Position	
		Phone No.	Date
	MM	DD	YY