



Niagara Regional Housing

Senior / Adult Income Declaration Package

Instructions for completing this package

STEP 1: Complete both sides of the Income Declaration Form

STEP 2: Attach verification of all sources of income for the household (below)

- a) **Pension Recipients** must provide a copy of the cheque stub, bank pass book, statement or a letter from the government agency issuing the cheque.
- b) **Social Assistance Recipients** must provide a copy of their most recent drug card and statement of assistance.
- c) Each **employed household member** must provide 8 consecutive weeks of the most recent pay stubs **OR** a completed Employment-Verification Form (*Schedule 1*) or
- d) Any household member in receipt of **other income** (*i.e. Employment Insurance, Worker's Compensation etc.*) must provide most recent pay stubs and/or letter from funding source.
- e) Each household member **must provide copies of bank passbook(s) or bank statement(s) for the last 2 months**

OR

Verification of Assets Form (*Schedule 2*).

Note: Page 2 lists definitions of income and examples

STEP 3: Attach the most recent Notice of Assessment from Revenue Canada for all household members (to obtain from Revenue Canada call 1-800-959-8281)

STEP 4: Sign the declaration and have the signatures witnessed

STEP 5: Return completed package by _____

In person or by mail to

Niagara Regional Housing
Campbell East
Regional Administration Building
2201 St. David's Road
P.O. Box 344
Thorold, ON L2V 3Z3

Or

You may deposit your package in one of the drop boxes located at your apartment and townhouse communities

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

Failure to complete and return this package with requested documents attached within **30 days could result in the loss of rent-geared-to-income assistance for your household**

DEFINITION OF INCOME

Income or Assets	Proof Required (for all Tenants not 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 	<ul style="list-style-type: none"> • Pay stubs (for at least two months) provided they have some identifiable information on them; OR • Niagara Regional Housing can provide you with a “Income Verification” form, Schedule 1 for your employer to fill out
Self-Employment	
<ul style="list-style-type: none"> • Tutoring • Babysitting/Child Care • Taxi • Business • Other 	<ul style="list-style-type: none"> • Self-employed <i>less than one year</i>: <ul style="list-style-type: none"> – Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths. • Self-employed <i>over one year</i>: <ul style="list-style-type: none"> – Financial statements prepared by a public accountant; or – Certified income tax return, and CCRA notice of assessment, from the previous year
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 <ul style="list-style-type: none"> – copy of pass book entries for previous 2 months or monthly bank statements; or – 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"> • Copy of RRSP Statement • Copy of Real Estate Appraisal(s) • Copy of Certificate(s) • Copy of Insurance Policy(ies) • Copy of T3 or T5 tax form <p style="text-align: center;"> OR </p> <p>Completed "Verification of Assets" form, Schedule 2</p>
Support Income/Payments	
<ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony, child support, separation • Ontario Student Assistance Program (OSAP) 	<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 • Copy of assessment form and confirmation of other earnings
Social Assistance	
<ul style="list-style-type: none"> • Ontario Works (OW) • Ontario Disability Support Program (ODSP) 	<ul style="list-style-type: none"> • Drug card and statement of assistance



NIAGARA REGIONAL HOUSING Income Declaration Form

Effective Date			Tenant Account Number				
MM	DD	YY					

Home Address – Street Number and Street Name	Unit/Apt. No.	City	Postal Code	No. of Bedrooms
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Household Member # 1	Household Member # 2
<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
First Name	First Name
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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
Family Doctor - Name & Phone	Family Doctor - Name & Phone

CURRENT INCOME FROM ALL SOURCES

**Please Attach Verification for Each Source of Income
(refer to definitions on Page 2)**

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

How many air conditioners do you own? 0 1 2 3 4

Have you transferred or given away any property, real estate, investments or other funds to relatives or friends? No Yes (If yes, when?) (Please provide details below)

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? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'no', please indicate supports in place:
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Person to be contacted 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			

Friend in the Building		
Name	Unit Number of Friend	Telephone Number of Friend

Do You Own

Freezer <input type="checkbox"/> Yes <input type="checkbox"/> No	Pets <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle which Cat or Dog
Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Model: _____ Colour: _____ Plate #: _____	

Emergency Response List Update:

Do you need assistance to leave your building in case of a fire or emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a cane, scooter, walker or wheelchair?	<input type="checkbox"/> cane <input type="checkbox"/> scooter <input type="checkbox"/> walker <input type="checkbox"/> wheelchair
Do you have hearing problems that would prevent you from hearing the fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have visual problems that would stop you from leaving the building in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (i.e. oxygen)	

a) I) Has anyone moved into or out of your unit in the past year?

II) If the answer to the above is 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?

b) If anyone has moved into or out of your unit, have you notified Niagara Regional Housing of this household change?

No Yes If yes, please specify date: _____

DECLARATION

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, I/We give my consent and authorization to Niagara Regional Housing:

1. To make inquiries to verify the information given in this form and I/We authorize any person, corporation or social agency (including specifically, agencies administering Ontario Works, the Ontario Disability Support Plan or other similar benefits) having knowledge/possession of any such required information to release the information to Niagara Regional Housing. I agree to provide any supporting material required.
2. To disclose the information given on this form to non-profit housing corporations/co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and/or persons listed on this form.
3. I/We further consent to the information being exchanged with an Ontario Works delivery agent or the Ministry of Community and Social Services or any agency or any party in order to verify information for the purposes of determining my/our initial and ongoing eligibility for rent-geared-to-income assistance.
4. I/We understand that if I/We have any former arrears owing to any non-profit or co-operative housing provider and have not made acceptable payment arrangements or are not maintaining those arrangements, I/We will be deemed ineligible for Rent-geared-to-income assistance. I/We further consent to sharing of any former tenant arrears with non-profit housing corporations/co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing.
5. I/We further understand that I/We must advise Niagara Regional Housing of any changes in household composition and/or household income within 30 days of the change or I/We will lose my/our eligibility for rent-geared-to-income assistance.

I/We make the following representations and warranties knowing that they will be relied upon by Niagara Regional Housing to assess my/our eligibility for continued rent-geared-to-income assistance and to establish my/our rent:

1. I/We have read over the **Definitions of Income** and **Gross Household Income** set out in this form and I fully understand them.
2. The information given in this form regarding the occupants of the unit and the gross household income is accurate and complete.

Household Member #1 Print Name: Signature:	Date (MM/DD/YY)
Household Member #2 Print Name: Signature:	Date (MM/DD/YY)

Witness Print Name: Signature:	Date (MM/DD/YY)
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Personal information contained on this form or in attachments including schedules 1 and 2 and is collected by or for the Niagara Regional Housing pursuant to Sections 62 to 85, 155 to 157 and 163 to 165 of the Social Housing Reform Act 2000 (SHRA 2000) (Bill 128) and will be used to determine suitability and eligibility and on-going eligibility for rent-geared-to-income assistance, rent scale and rent geared-to-income charge. Personal information may be disclosed to the Niagara Region, the Ministry of Municipal Affairs and Housing and other Municipal, Provincial and Federal departments and agencies who assist in the provision of affordable housing and to social agencies and government agencies providing social assistance to the tenant/applicant. The tenant consents to the verification, disclosure, sharing and transfer of information provided on this form and attachments by or to any of the above entities as necessary for the purposes of making decisions or verifying eligibility for assistance under the SHRA 2000, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Day Nurseries Act. Questions and Concerns about the collection, use and disclosure of the information can be made to your Tenant Support Representative at, P.O. Box 344, Thorold, ON L2V 3Z3, or by telephone at (905) 682-9201.



To Be Completed by Each **EMPLOYED** Household Member age 16 and older, however:

Completed "Employment Verification" form is NOT required if 8 consecutive weeks of pay stubs are provided.

I hereby authorize that the information requested below be given to Niagara Regional Housing as required under the terms of the lease.

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

To Be Completed by Employer – Please provide the information requested for the above named employee and return to the employee.

Employer's Company Name		Employee's Position			
Address		City		Postal Code	
Business 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 per week	Date Employment Commenced (MM/DD/YY)

Income Breakdown	Gross Earnings in the 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				
Yearly Bonus				
Other Benefits				
Total Gross Earnings				
Signature of Employer	Print Name		Date	
Position	Phone number		Date	

Please copy or contact Niagara Regional Housing at 905-682-9201 if additional forms are required



***This form CAN be given to your bank to complete for verification of deposits, GICs, RRSPs, RIFFs, Mutual Funds, etc.
Please note: Your financial institution may charge a fee for this service***

Completed "Verification of Assets" form is NOT necessary if the following can be provided:

- Copy of RRSP Statement(s), certificate(s), insurance policy(ies)
- Copies of T3's or T5's

It is the responsibility of the tenant to have this form completed by their financial institution and to ensure that it is returned to Niagara Regional Housing. If more than one form is required, please copy or contact Niagara Regional Housing at 905-682-9201.

This form is for Verification of Income Producing Assets listed below. If you have other types of income producing or non-income producing assets, please contact Niagara Regional Housing regarding proper verification.

I _____ and _____ residing at _____ hereby authorize that _____ provide (name of financial institution)

the information requested below be given to Niagara Regional Housing as required under the terms of my lease.

Household Member #1 Signature	Date (MM/DD/YY)	Household Member #2 Signature	Date (MM/DD/YY)

To Whom It May Concern :

Niagara Regional Housing tenants rents 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'.

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 (R.R.S.P.'s)					
Account No.	Value (\$)	Type of R.R.S.P.			

Financial Institution Seal or Stamp:

Name of Financial Institution			
Address			
Authorized Signature			
Position		Phone No.	
Date			
MM	DD	YY	



Mailing Address:
P.O. Box 344
Thorold ON L2V 3Z3

Phone: 905-682-9201
Toll Free: 1-800-232-3292
(from Grimsby and beyond Niagara region only)

Street Address:
Campbell East
2201 St. David's Road
Thorold ON

Main Fax: 905-687-4844
Fax – Applications: 905-935-0476
Fax – Contractors: 905-682-8301
Web site: www.nrh.ca

Paying your Rent has never been easier!
If you are not already signed up, we are encouraging tenants to take this opportunity to sign up for Direct Payment/Pre-authorized Payment

I hereby authorize Niagara Regional Housing and the financial institution designated to begin deduction for my pre-authorized payment plan.

Tenant Account Number: t000 _____

PAP Start Date: _____

Name _____

Address _____

City _____

Telephone _____ Postal Code _____

<input type="checkbox"/>	<i>Chequing Account</i>	Bank Account Number _____
<input type="checkbox"/>	<i>Chequing / Savings</i>	Bank Name _____
<input type="checkbox"/>	<i>Joint Account</i>	Bank Address _____
		City _____
		Postal Code _____
<input type="checkbox"/>	<i>Void Cheque Attached</i>	Rent amount as set by Niagara Regional Housing

AUTHORIZED SIGNATURE (S) _____

For Joint Accounts, all depositors must sign when more than one signature is required on a cheque issued against the account.

OTHER RENT PAYMENT OPTIONS:

Debit Card: You may now pay by debit card. The debit card option is available at our office only. Sorry NO Mastercard or Visa.

Telephone or Online Rent Payments: Telephone and online rent payments are now available through most banks. Check with your local bank to see if this is available to you. You will require your tenant number when you sign up.

**If you do not already have your tenant number please call your Tenant Support Representative at the extension number on the front page of this package.