

Housing Provider:

Senior / Adult Income Declaration Package

Instructions for completing this package:

STEP 1: Complete the Income Declaration Form (Pages 3 and 4)

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

- a) **Pension Recipients** (Old Age Pension, Canada Pension, Private Pension, etc.) must provide a copy of their most recent 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 a completed Employment-Verification Form (*Schedule 1*) **OR** 8 consecutive weeks of the most recent pay stubs.
- 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 a **Verification of Assets** Form (*Schedule 2*) **OR** copies of all bank passbook(s) for the last 2 months

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

STEP 4: Sign the declaration and have the signatures witnessed

STEP 5: Return completed package within 30 days to:

If you have any questions or need assistance completing this package, please call:

Failure to complete and return this package within 30 days could result in the loss of rent-gearred-to-income assistance for your household

DEFINITION OF INCOME AND ASSETS

Income or Assets	Proof Required (for all Tenants/Members 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"> • Letter from employer or agency indicating gross monthly income or average earnings and length of employment (on company letterhead); or • Pay stubs (for at least two months) provided they have some identifiable information on them; or • Income Verification Form, Schedule 1, completed by your employer
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"> • Completed Verification of Assets Form, (Schedule 2), or copies of bank passbook(s) or a bank statements for the last two months • Copy of Investment Certificate(s) • Copy of RRSP Statement • Copy of Real Estate Appraisal(s) • Copy of Insurance Policy(ies) • Copy of T3 or T5 tax form <p><i>Note: Only the interest portion is included in the calculation.</i></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

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
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		
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		

CURRENT INCOME FROM ALL SOURCES

Please Attach Verification for Each Source of Income (refer to definitions)

	Household Member No. 1	Household Member No. 2
	<i>Gross Monthly Amount</i>	<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 current income includes Pension Income, please report the amount of income tax, if any, 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 us (<i>within 30 days of the change</i>) of any changes in your household income during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', Date: _____		

On-going Eligibility				
Has anyone moved into or out of the unit in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', complete section below:				
Name of Person	Relationship	Date of Change (mm/dd/yy)		Date you notified us
Has every member of the household provided proof of legal status to live in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no', please attach proof of legal status (e.g. Canadian Birth Certificate, Canadian Citizenship, Landed Immigrant Status, Refugee Status, Aboriginal Status, etc.).				
Are you under a removal order to leave Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to live independently without supports? (Perform normal essential activities of daily living) <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no', please indicate support agencies providing service.:				
Emergency Contact Information				
Name of person to contact	Relationship	Home Phone No.		Business Phone No
Contact Street Address		City/Province/Postal Code		
Name Family Doctor		Phone No.		

DECLARATION

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

- 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 _____. I agree to provide any supporting material required.
- 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.
- 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.
- 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 the 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.
- I/We further understand that I/We must advise _____ 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 _____ to assess my/our eligibility for continued rent-geared-to-income assistance and to establish my/our rent:

- I/We have read over the **Definitions of Income and Assets** set out in this form and I/we fully understand them.
- 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
Household Member #3 Print Name:	Signature:	Date		
		MM	DD	YY
Household Member #4 Print Name:	Signature:	Date		
		MM	DD	YY
		MM	MM	MM
Witness Print Name:	Signature:	Date		
		MM	DD	YY

Personal information contained on this form or in attachments including schedules 1 and 2 is collected by or for pursuant to Sections 62 to 85 and 155 to 157 of the Social Housing Reform Act 2000 (Bill 128) and will be used to determine suitability and eligibility for housing, continuation of housing and the appropriate rent/housing charge scale and rent-geared-to-income charge. Personal information may be disclosed to Niagara Regional Housing, Niagara Region, the Ministry of Municipal Affairs and Housing and other provincial and federal departments and agencies that assist in the provision of affordable housing and to social agencies and government agencies providing social assistance to the tenant/member. The tenant/member consents to the verification, disclosure and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions about this form and requested documents should be directed to _____.

Employment Verification Schedule 1 To be completed by each Employed Household Member age 16 and older
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I hereby authorize that the information requested below be given to _____
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

Section 2 - 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			
Employer's Street Address				City/Province		Postal Code	
Employer's Phone No:	Employee Presently Paid:		Rate/Per _____	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	If hourly, average number of hours per week	Date Employment Commenced	
	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly				MM	DD
<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly						
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							
Name of Employer (Please Print)				Signature of Employer			
Position		Phone number		Date			

Please copy if additional forms are required

**Note: Completed "Employment Verification Form" is required
IF 8 consecutive weeks of pay stubs are not available**

**Verification of Assets (Income Producing)
Schedule 2**

**This form can be given to your bank to complete for verification 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 to ensure that it is returned to _____.
- Please contact _____ if additional copies are required.
- This form is for verification of **Income Producing Assets** only.
- If you have any other types of **income producing or non-income producing assets**, please contact _____ regarding proper verification.

Section 1 – To be completed by Tenant/Member

I/We _____ and _____			
Residing at : _____			
Hereby authorize : (Name of Financial Institution) _____			
To 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: Tenants/members rents/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		
<i>Note: Completed "Verification of Assets" form is NOT necessary if copies of bank passbook(s) for bank accounts and all other investments and income producing assets for the last two months are submitted.</i>			Phone No.	Date	
				MM DD YY	

Tenant/Member Information					
Do you own and have in you unit any of the following?					
Air Conditioner <input type="checkbox"/> Yes <input type="checkbox"/> No	Freezer <input type="checkbox"/> Yes <input type="checkbox"/> No	Washer/Dryer <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed	
Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/Model	Year	Colour	License Plate No.	
Do you have a friend in the Building: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please complete next section.					
Name of Friend in the Building		Unit No. of Friend	Telephone No. of Friend		
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 the following?	<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: Please specify (e.g. oxygen):					

