

Housing Provider:

Family 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) **Social Assistance Recipients** must provide a copy of their most recent drug card and statement of assistance.
- b) Each **employed household member** must provide a completed Employment Verification Form (*Schedule 1*) **OR** 8 consecutive weeks of the most recent pay stubs.
- c) Any household member in receipt of **other income** (*i.e. Employment Insurance, Canada Pension, Worker's Compensation, private pension etc.*) must provide most recent pay stubs and/or letter from funding source.
- d) **Children 16 years of age or older**, still living at home, must provide proof that they are in full-time attendance at school, or verification of income.
- 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-geared-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

Annual Renewal 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>				
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:						
Children/Dependants living in the premises						
Name	Relationship	Date of Birth (MM/DD/YY)	Sex M/F	Signed Lease Yes/No	Name of Employer, source of Income or School attended Full-time	Gross Monthly Income
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 (within 30 days of the change) 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':				
Name of Person	Relationship	Date of Change (mm/dd/yy)	Moved <input type="checkbox"/> IN <input type="checkbox"/> OUT	Date you notified us
Name of Person	Relationship	Date of Change (mm/dd/yy)	Moved <input type="checkbox"/> IN <input type="checkbox"/> OUT	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
Household Member #5 Print Name:	Signature:	Date		
		MM	DD	YY
Witness Print Name:	Signature	Date		
		MM	MM	MM

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 _____.

<p>Employment Verification (Schedule 1)</p> <p>To be completed by each Employed Household Member age 16 and older</p>

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	If hourly, average number of hours per week	Date Employment Commenced	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		MM	DD
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**

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):				