

Annual Review Checklist

Address	Household Member Names
Bedroom Size B 1 2 3 4 5	

Ongoing Eligibility (check as all are verified)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canadian Citizen or Permanent Resident of Canada |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refugee Claimant/No removal order has become enforceable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one member of the household is 16 years of age or older |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Able to live independently with or without supports (self declared on form) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No arrears to social housing provider |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, is there a repayment agreement in place and being honoured? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homeowner has provided verification of sale of house |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household is appropriately housed
Number of people living in unit = 1 2 3 4 5 6 7 8 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Income Declaration Form complete/verification attached |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household has pursued all sources of income that they might be eligible for |

Notes:	Completed by (initials):
	Date (MM/DD/YY):

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