

# Housing Provider Letterhead

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Date:

Dear Household:

## **Annual Income Declaration Package**

It is time to review your eligibility for rent-geared-to-income (RGI). To continue to be eligible this Annual Income Declaration Package must be completed and returned within 30 days. You must complete all sections of the forms, provide copies of your proof of income and the form must be signed by you and all other people who live with you that are 16 years of age or older.

Changes have been made to simplify RGI calculations. **All RGI household members with income, must now submit a copy of their most recent Notice of Assessment (NOA) or Proof of Income Statement (POI) from Canada Revenue Agency (CRA).** This document will be used to calculate rents for most households.

If we do not receive this information by (insert date), you will be given notice that your rent/housing charge 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 Housing Provider (insert contact information).

It is an offence under the Housing Services Act, 2011 (HSA) to knowingly obtain or assist a household member to obtain rent-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 Region Housing Services Division 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 7,000 households waiting for affordable housing in Niagara. The ERO will make sure that social housing units are occupied by eligible households.

This will not affect households 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 the office at insert contact information

Housing Provider: \_\_\_\_\_

**Senior/Adult Income Declaration Package**

**Instructions:**

**As of January 1, 2020 all rent-geared-to-income household members are required to file their income tax each year in order to keep your subsidy.**

Step 1: **Complete both sides**

Step 2: **You must attach proof of income for your household.** This means:

- a. Each household member, age 16 or older **must provide** their **[indicate year] Proof of Income Statement (POI) or Notice of Assessment (NOA)** from Revenue Canada. (1-800-959-8281). Information on how to get a POI or NOA 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.
- b. Each household member must provide proof of **current income** if the income on their Proof of Income Statement or Notice of Assessment is **very different** from their current income. You will still have to provide the POI or NOA. See page 2 for income and documents needed.
- c. **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.
- d. Each household member, age 16 or older who are **in attendance at school must provide:**  
(1) proof that they are in full-time attendance at school (see page 2 for examples of supporting documents).
- e. You must provide **proof of assets** (see page 5, Section 3 for examples of assets).

**Note:** if the total of your assets is more than \$50,000 for a single person household and \$75,000 for households with two or more people, you may not qualify for RGI assistance.

Step 3: **Read, sign and date** the Declaration and Consent Form and the Canada Revenue Consent Form on Pages 5 and 6.

- **Must be signed by all Household Members age 16 and older**
- **Must be signed by a witness that is 18 or older and not a Household Member**

Step 4: **Return completed package within 30 days to:**

**<Insert Providers/Property Management Address>**

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

**<Insert phone number>**

**If you do not complete and return this package within 30 days you could lose rent-geared-to-income assistance.**

## List of Income with Examples of Supporting Documents

Verification for all Household Members (unless paying full market rent)	
Social Assistance Income	
<ul style="list-style-type: none"> <li>• Ontario Works (OW)</li> <li>• Ontario Disability Support Program (ODSP)</li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• Statement of Assistance <u>including the top half that lists the members of your benefit unit</u></li> </ul>
Employment	
<ul style="list-style-type: none"> <li>• Full-time, part-time, casual, seasonal, overtime</li> <li>• Commissions, tips, bonuses</li> <li>• Illness and disability pay</li> <li>• Workplace Safety and Insurance Board (WSIB) <b>short term</b></li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• <b>Pay stubs</b> (at least one) provided they have some identifiable information on them <b>or</b></li> <li>• <b>Letter from employer or agency</b> with your gross monthly income or average earnings and length of employment (on company letterhead)</li> <li>• <b>T-4 Tax Slip</b> (if taxes have not been assessed)</li> </ul>
Self-Employment	
<ul style="list-style-type: none"> <li>• Business</li> <li>• Babysitting/Child Care</li> <li>• Taxi</li> <li>• Tutoring</li> <li>• Other</li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• If you have been self-employed <b>less than one year</b>:                             <ul style="list-style-type: none"> <li>➢ Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths. This is a free service from Service Ontario at <a href="https://www.ontario.ca/welcome-serviceontario">https://www.ontario.ca/welcome-serviceontario</a></li> </ul> </li> <li>• Self-employed over one year – Financial Statements</li> </ul>
Pensions and Allowances	
<ul style="list-style-type: none"> <li>• Old Age Security (OAS)</li> <li>• Guaranteed Income Supplement (GIS)</li> <li>• OAS Allowance</li> <li>• Canada/Provincial Pension Plan - CPP, QPP</li> <li>• Private Pensions - Widow's, Retirement, War Disability, Foreign Pensions</li> <li>• War Veteran's Allowance (DVA)</li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• Statement from Service Canada 1-800-277-9914</li> <li>• Statement for organization issuing payment</li> <li>• A letter from government agency and/or private pension-fund provider, confirming amount of monthly pension,</li> <li>• Cheque or direct deposit payment stub or statement</li> <li>• T4A tax slips (if taxes have not been assessed)</li> </ul>
Investment Income	
<ul style="list-style-type: none"> <li>• Interest, Dividends and Capital Gains from:                             <ul style="list-style-type: none"> <li>○ Bank/trust/credit union accounts</li> <li>○ Stocks, bonds, shares, securities</li> </ul> </li> <li>• Guaranteed Income Certificates (GIC's), Term Deposits, Mutual Funds</li> <li>• Monthly or annual draws from:                             <ul style="list-style-type: none"> <li>○ Registered Retirement Income Fund (RRIF), Annuities</li> </ul> </li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• Statement from financial institution</li> <li>• If taxes have not been assessed:                             <ul style="list-style-type: none"> <li>○ T3 tax slip (taxable amounts from boxes 25, 32 and 50)</li> <li>○ T5 tax slip (taxable amounts from boxes 11, 13, 14, 25 and 30)</li> <li>○ T4A tax slip</li> <li>○ T4RIF tax slip</li> </ul> </li> </ul> <p><b>Note:</b> Only interest portion is included in the rent calculation.</p>
Support Income/Payments	
<ul style="list-style-type: none"> <li>• Workplace Safety and Insurance Board (WSIB) <b>long term</b></li> <li>• Employment Insurance (EI)</li> <li>• Compensation for Victims of Crime Act</li> <li>• Spousal Support (Alimony)</li> <li>• Sponsorship Support</li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• Statement or letter from government agency confirming the amount of monthly benefit and/or settlement</li> <li>• Cheque or direct deposit payment stub or statement</li> <li>• T-4E, T5007, T4 tax slips (if taxes have not been assessed)</li> <li>• Court Order, Separation Agreement, Divorce Order/Decree or letter from lawyer</li> <li>• Sworn affidavit with both the applicant's and ex-spouse's signatures. This is a free service from Service Ontario at <a href="https://www.ontario.ca/welcome-serviceontario">https://www.ontario.ca/welcome-serviceontario</a></li> <li>• Confirmation of Permanent Residence Status and/or Sponsorship Agreement</li> </ul>
Students over the age of 18	
<ul style="list-style-type: none"> <li>• A full-time student is a student attending a recognized educational institution who is taking at least 60 per cent of a full course load, or at least 40 percent of a full course load in the case of a student with a permanent disability</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmation of Ontario Student Assistance Program (OSAP) funding:                             <ul style="list-style-type: none"> <li>➢ OSAP Assessment Summary</li> </ul> </li> <li>• Confirmation from the registrar of a post-secondary institution stating the percentage of a full course load taken by the student</li> <li>• Confirmation of enrolment</li> </ul>
Registered Disability Savings Plan (RDSP) Income	
<ul style="list-style-type: none"> <li>• RDSP Payments</li> <li>• RDSP Repayments – previous tax year</li> </ul>	<div style="text-align: center; font-size: 2em; margin-bottom: 10px;">➔</div> <ul style="list-style-type: none"> <li>• Letter from the financial institution that issued the RDSP</li> <li>• T-4A tax slips (if taxes have not been assessed)</li> </ul>

# Annual Income Declaration Form - Senior/Adult

Effective Date		
MM	DD	YY

Fill in all sections

## Section 1: Household Members

Home Address – Street # and Street Name		Unit/ Apt. #	City	Postal Code	No. of Bedrooms
Household Member # 1		Household Member # 2			
		Relationship to Household Member #1			
Last Name		Last Name			
First Name		First Name			
Date of Birth (MM/DD/YY):		Date of Birth(MM/DD/YY):			
Home Phone Number		Home Phone Number			
Cell Phone Number		Cell Phone Number			
Email address		Email address			
Work Phone Number		Work Phone Number			

## Section 2: Income Information

You must provide the most recent Proof of Income Statement (POI) or Notice of Assessment (NOA) for you and all other people with income listed below.

If you receive OW or ODSP, you must provide your Statement of Assistance and Drug Card, showing the amount of your social assistance and names of everyone on your benefit card.

If your income has changed in the last 12 months or if the income declared below is very different from the amount on your Proof of Income Statement (POI) or Notice of Assessment (NOA), you must provide your current income and proof of your current income, **and** your Proof of Income Statement or NOA. See page 3 for list of income verification.

	Household Member # 1	Household Member # 2
Proof of Income Statement or NOA Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Type of Income</b>	<b>Gross Monthly Amount</b>	<b>Gross Monthly Amount</b>
Canada Pension Plan (CPP)		
Old Age Security (OAS)		
Other:		
Other:		
<b>Social Assistance</b>		
Ontario Works (OW)		
Ontario Disability Support Program (ODSP)		
<b>Employment</b>		
Name of Employer		

Have you received or anyone in your household received any Registered Disability Savings Plan (RDSP) payments in the last 12 months? .....  Yes  No

If anyone in your household is self-employed, please provide the name and type of business

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**SECTION 3: Asset Information**

You must provide proof of all assets owned by you or anyone living with you. List ALL assets below.

Assets may include:

- All Bank accounts (e.g. chequing accounts, savings accounts, overseas or foreign accounts) with a balance over \$5,000
- Term Deposits, Guaranteed Investment Certificates (GIC)
- Stocks, shares, bonds
- Mutual Funds
- Overseas or foreign investments
- Tax-Free Savings Accounts (TFSA) (cash and investments)
- Term or Life Annuity
- Life Insurance (cash surrender value in excess of \$100,000)
- Trust account
- Business assets (e.g. business bank account, business property) if you own your own business or are self-employed
- Real estate (e.g. house, land, other property in Canada and other countries)

Person who owns the asset?	Details of Asset (type, account #, name of bank)	Value or Account Balance

Have you disposed of any assets in the last 12 months?  Yes  No

Have you had any new assets in the last 12 months?  Yes  No

Does anyone own property (e.g. house, cottage, trailer, etc.)  Yes  No

If you answered yes to any of the above questions, please provide details \_\_\_\_\_

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- You must provide proof if you answered yes to any of the above questions.

**Section 4: Rent-Geared-to-Income Eligibility**

**Have you had any of these following changes during the past year?**

If **yes**, provide date(s) you notified your Housing Provider of these household changes.

Yes	No	Change	Date (MM/DD/YY)
		A full-time student with income stopped attending school	
		A household member started or stopped receiving Ontario Works or ODSP	
		A household member receiving Ontario Works or ODSP had an increase in other income	
		A household member had their income taxes reassessed	
		Someone moved in or out of the household	

If anyone <u>moved into</u> or <u>out</u> of your unit in the past year please complete the following:			
Name	Relationship to You	Date of Move (MM/DD/YY)	Moved In or Out?
Name	Relationship to You	Date of Move (MM/DD/YY)	Moved In or Out?

Are you under a removal order to leave Canada?  Yes  No

Are you able to live independently without supports (e.g. Community Care Assess Centre (CCAC), March of Dimes (MOD), Canadian Mental Health Association (CMHC) etc.?  Yes  No  
 If no, please list supports: \_\_\_\_\_

**Section 5: Additional Information**

**Emergency Response List Update**

Do you need help 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 alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have visual problems that would prevent you from leaving the building in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (i.e. oxygen):

**Who should your Housing Provider 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...**

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

## Section 6: Declaration and Consent Form

Must be signed by all household members, including dependents age 16 and older  
Must be witnessed by a person who is 18 or older and not a household member

### By signing this form you are making a sworn statement that the following is true:

- I understand that I will complete my income tax return annually and on time.
- I have read and understand the List of Income and Supporting Documents on page 2 of this Housing Provider, (insert Housing Provider name) Annual Income Declaration Package.
- I understand that I must inform my Housing Provider within 30 days of:
  - Any changes in my address and contact information
  - Someone moves in or out of my unit
  - A full-time student with income stops attending school
  - A household member starts or stops receiving Ontario Works (OW) or Ontario Disability Support Plan (ODSP)
  - A household member receiving OW or ODSP has an increase in other income
  - A household member has their income tax reassessed
  - My status in Canada changes
  - I intend to be absent from my unit for longer than 60 consecutive days or 90 days in a 12-month period
- I understand that if I do not file my income tax return annually or 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 rent-geared-to-income 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 it is an offence under the Housing Services Act, 2011 if I have knowingly withheld information or provided false information and could result in no longer being eligible for RGI assistance.

### 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 Region Housing Services Division and (insert Housing Provider name) collecting personal information in accordance with the regulations under 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 Niagara Region Housing Services Division and Insert Housing Provider name 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

I agree to Niagara Region Housing Services Division, Insert Housing Provider name and other housing providers to use my information to determine my eligibility for RGI assistance, and the amount of assistance I qualify for.

I agree to Niagara Region Housing Services Division, Insert Housing Provider name and other housing providers to collect, 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.

**Must be signed by all household members, including dependents age 16 or older**

**Must be witnessed by a person 18 or older and not a household member**

Name (print)	Signature	Date (MM/DD/YY)
Witness Name (print)	Signature	Date (MM/DD/YY)

### Section 7: Canada Revenue Agency Consent Form

**Must be signed by all household members, including dependents age 16 and older**

**Must be witnessed by a person who is 18 or older and not a household member**

I give my Consent for Canada Revenue Agency (CRA) to provide information on my income tax returns and income tax reassessments to Niagara Region Housing Services Division and insert Housing Provider name so they can check my income to determine my eligibility for rent-geared-to-income assistance (RGI) and the amount of assistance I qualify for.

I understand that Niagara Region Housing Services Division and insert Housing Provider name will not share this information with anyone else, except in accordance to the regulations under the following Acts:

- 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)
- Housing Service Act, 2011 (HSA, 2011)
- Income Tax Act, subsection 241(5)

My consent covers the tax year before the date below, the current tax year, and all future tax years if my Household still receives or applies for RGI assistance.

**Must be signed by all household members, including dependents age 16 and older**

**Must be witnessed by a person 18 or older and not a household member**

Name (print)	Signature	Date (MM/DD/YY)
Witness Name (Print)	Witness Signature	Date (MM/DD/YY)