

Dear Resident:

This is your review package. Please fill it in and provide it to the Housing office, along with all other required information, by _____. Please read over each section carefully and complete the fields that apply to your household.

Every resident must submit the following:

- Proof of all of income and assets for everyone in the household.
- The Notice of Assessment from the most recent income tax return for every resident who is required to file income taxes.

In addition:

For someone who is working – you must **also** submit:

- Your complete, most recent income tax return, including all T slips and schedules.
- Proof of employment earnings – 8 consecutive weeks' pay stubs and page 11 of attached package.
- Proof of all other sources of income.

For someone with children – you must **also** submit:

- Proof of enrolment if your child is 16 years of age and older and enrolled in school, or proof of their income if not in school.

For someone in the household on Ontario Works or ODSP – you must **also** submit:

- A copy of your most recent benefit statement AND drug card.
- Proof of any other source of income that you have.

For someone in the household receiving Canada Pension Plan (CPP), CPP Disability, Old Age Security (OAS) and/or Guaranteed Income Supplement (GIS) income – you must **also** submit:

- Your complete, most recent income tax return, including all T slips and schedules.
- A letter from Service Canada to verify your pensions:
 - You get this letter by calling Service Canada at 1 800 277 9914.
 - When you call this number, wait until after the instructions have started, then press "0" to speak with Service Canada staff. You may be placed on hold – please wait on the line for the next person to answer.
 - They will mail you the letter, and it will take between 5 to 10 business days to get to you.

The next two pages describe the legal requirements and detailed instructions for completion.

Photocopying service is available at the Housing office.

If you have any questions about what you need to do, or would like help with any of the steps in completing your package, please call <CSW Name>, Community Services Worker at (519) 941-6991 x<EXT> so that they can help you complete it before the due date.

Thank you.



HOUSEHOLD COMPOSITION, INCOME AND ASSETS REVIEW

Notice With Respect to the Collection of Personal Information

Personal information contained on this form or its attachments, including Employment Verification and Verification of Assets Form, is collected by the Corporation of the County of Dufferin in accordance with the *Housing Services Act, 2011*, and will be used to determine initial and continued suitability and eligibility for rent-gear-to-income housing ("housing"), and the appropriate rent scale and rent geared-to-income charge.

Questions about this collection should be directed to the Housing Services Manager at **519-941-6991 x2020**.

The information obtained will be used to calculate your geared-to-income rent and establish your continued eligibility for housing.

Instructions for Completion of this Form

Please read all sections before completing form and print clearly in block letters.

1. Please read the definition of income and examples thereof on the next page, and review all pages before completing the forms.
2. All signatories to the lease, including all household members **16 years of age and over**, must complete and sign this form, including attachments.
3. Each **Employed** tenant must have a completed Employment Verification returned to the County of Dufferin Community Services office.
4. Each tenant in receipt of **Social Assistance** must provide a copy of the most recent Drug Eligibility Card and Statement of Benefits.
5. Each tenant or occupant over the age of 16 attending school full-time must provide proof thereof.
6. All other forms of income must be supported by documents for verification purposes.
7. All Canada Pension Plan (CPP), Old Age Security (OAS) income must be verified by Service Canada. Please see attached contact information to request this confirmation.
8. Each tenant with **income producing or non-income producing assets** must provide verification. Verification of Assets Form is included for this purpose.
8. Include an entire copy (including all supporting T4's, T4a's, T5's etc.) of your most recent Income Tax Return and Notice of Assessment for each family member.
9. If you have any questions, please contact your Community Services Worker who will be pleased to assist you.

This package includes:

1. Household Composition, Income and Assets Review Package (this page)
2. Definitions of Income
3. Household Composition
4. Gross Household Income and Assets Review
5. Declaration and Consent
6. Verification of Assets
7. Employment Verification
8. Service Canada contact information page (if applicable)



Definition of Income

“Income” means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- gross salaries, wages, overtime payments, commissions, bonuses, tips/gratuities, grants, scholarships or bursary payments;
- the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of anyone who is self-employed in a business;
- the gross amount of Employment Insurance benefits;
- the gross amount of Workplace Safety Insurance Board payments or other industrial accident insurance payments made because of illness or disability;
- the gross amount of any Old Age Security, federal Guaranteed Income Supplement and Spouse’s Allowance and financial assistance under the Ontario Guaranteed Annual Income Supplement (GAINS);
- the gross amount of every kind of pension, allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state or from any other source;
- the gross amount of alimony, separation, maintenance or support payments;
- the gross amount of gains from investments including interest on dividend, stocks, shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the *Housing Services Act, 2011* from time to time;
- the gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
- the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- an imputed income equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the *Housing Services Act, 2011* from time to time.

“Gross Household Income” means the aggregate income of the Tenant and every person residing in the leased premises, and every tenant on the Lease temporarily resident elsewhere.

“Spouse” means two persons who are married to one another or who represent that they are married to one another; or not being married to one another but evidence an intention to cohabit in a relationship of permanence or represent that they intend to do so.

Examples of Possible Sources of Income

Employment

Full-time Part-time Irregular Casual	Seasonal Odd Jobs Shift Bonuses Yearly or Seasonal Bonuses	Cost of Living Bonuses Overtime Earnings Commissions Tips and Gratuities	Disability Pay Sickness Pay Long Term Income Protection Payments Separation/Vacation Pay
---	---	---	---

Self-Employment

Tutoring	Child Care	Taxi	Business
----------	------------	------	----------

Pensions and Allowances

Old Age Security (OAS) Guaranteed Income Supplement (GIS) Guaranteed Annual Income Supplement Canada Pension Plan (CPP) Quebec Pension Plan (QPP) Social Security (other countries)	Widow’s Pension Company Pension Private Pension Public Service Pension Civilian War Pension Disability Pension	War Veteran’s Allowance (DVA) War Veteran’s Allowance (other countries) Military or Militia or Civil Defence Allowances Training Allowances Retraining Allowances
--	---	---

Other

Workplace Safety Insurance Board Insurance Payments Student Grants Provincial or Municipal Payments Employment Insurance Payments Payments under Compensation for Victims of Crime Act Mortgage Income	Payments from Official Guardian or Public Trustee Payments from Children’s Aid Society or Catholic Children’s Aid Separation Payments Alimony Payments Support Payments (for spouse or child) Support from relatives or other sources One-time lump-sum payments (inheritances, court and out of court settlements)
---	---

Assets

Income Producing Assets	Non-Income Producing Assets
Farm Property which produces income Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income Savings Account (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits, tax free savings accounts Licence which produces income (e.g. Taxi Licence) Business interest which produces income	Life Insurance (with a cash surrender value) Registered Retirement Savings Plan Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country Collection of, or investments in, other valuable non-income producing assets Business interest which does not produce income

HOUSEHOLD COMPOSITION

REVIEW MONTH:

TENANT UNIT:

TENANT #1

At least one member in your household must be 16 years or older. The Income Review must be signed by **ALL** members of the household 16 years and older.

Last Name:			First Name:			Social Insurance Number:			
Date of Birth:			Female	Male	Home #:				
Day	Month	Year			Cell #:				
						Work #:			
Street:			Apt./Unit #			City/Town:			Postal Code:

TENANT #2

At least one member in your household must be 16 years or older. The Income Review must be signed by **ALL** members of the household 16 years and older.

Last Name:			First Name:			Social Insurance Number:			
Date of Birth:			Female	Male	Home #:				
Day	Month	Year			Cell #:				
						Work #:			
Street:			Apt./Unit #			City/Town:			Postal Code:
Only complete if different from tenant #1									

TENANT #3

At least one member in your household must be 16 years or older. The Income Review must be signed by **ALL** members of the household 16 years and older.

Last Name:			First Name:			Social Insurance Number:			
Date of Birth:			Female	Male	Home #:				
Day	Month	Year			Cell #:				
						Work #:			
Street:			Apt./Unit #			City/Town:			Postal Code:
Only complete if different from tenant #1									

CHILDREN/DEPENDENTS

Other Persons under 16 years of age living in the Premises

Last Name	First Name	Birth Date M/D/Y	Sex M/F	Relationship to Tenant #1

EMERGENCY CONTACTS

Please indicate who we may contact in the case of emergency:

1. Name & Address:		Phone Number:	Relationship to you:
2. Name & Address:		Phone Number:	Relationship to you:
Doctor's Name & Address:			Phone Number:

GROSS HOUSEHOLD INCOME AND ASSETS REVIEW

"Income" means **all** gross income, benefits and gains of every kind and from every source. "Gross household income" means the pre-deduction income of every household member who is expected to live in the housing applied for, or who now lives in the unit if you have already moved in. Some income may be excluded for Rent-Geared-to-Income calculation purposes, but it still must be reported.

The following information must be provided to the County of Dufferin Community Services office. The descriptions give an explanation of each type of income.

All persons in the household 16 years of age and older must complete the following information and also supply the supporting documents.

1. Please read the following information carefully.
2. Indicate the **GROSS (before deductions)** monthly income from that source. Attach all supporting documents for all your income sources.
3. Provide a copy of your most recent Income Tax Return and Notice of Assessment.

Income Source	Tenant #1	Tenant #2	Tenant #3
EMPLOYMENT			
Employment Income: <ul style="list-style-type: none"> • Full time, part time, casual, seasonal, overtime • Commissions, tips, annual bonuses, shift premiums • Illness and disability pay • Strike pay or lockout 	\$	\$	\$
Proof Required: <ul style="list-style-type: none"> • Pay stubs (for at least two months) provided they have some identifiable information on them, i.e. your name; and • Employment Verification form completed by your employer • Letter from employer or agency indicating gross income or average earnings and length of employment; or • Lockouts require verification from your employer 			
Self-Employed Income: <ul style="list-style-type: none"> • Tutoring • Babysitting/Child Care • Taxi – Cab Plates/Taxi Licenses • Business • Other 	\$	\$	\$
Proof Required: Self-employed <i>less than</i> one year: <ul style="list-style-type: none"> • Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths Self-employed <i>over</i> one year: <ul style="list-style-type: none"> • Financial statements prepared by a public accountant; or • Certified income tax return, and Canada Customs & Revenue Agency (CCRA) notice of assessment, from the previous year • Cab Plates/Taxi Licences - provide details 			
Are you receiving any other income not listed? <ul style="list-style-type: none"> • Indicate Source and provide proof 	\$	\$	\$
SUPPORT INCOME/PAYMENTS			
Employment Insurance (EI): <ul style="list-style-type: none"> • Cheque stub or letter from government agency (Human Resources Development Canada – HRDC) 	\$	\$	\$
Workplace Safety and Insurance Board (WSIB): <ul style="list-style-type: none"> • Cheque stub or letter from government agency 	\$	\$	\$
Support Payments* Paid:	\$	\$	\$
Support Payments* Received:	\$	\$	\$
Ontario Student Assistance Program (OSAP): <ul style="list-style-type: none"> • Loan or Grant 	\$	\$	\$
Student Income:	\$	\$	\$
*Support Income/Payments: <ul style="list-style-type: none"> • Alimony, child support, separation • Compensation for Victims of Crime Act 			
Proof Required: <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 for OSAP assistance 			

GROSS HOUSEHOLD INCOME AND ASSETS REVIEW - CONTINUED

Income Source	Tenant #1	Tenant #2	Tenant #3
SOCIAL ASSISTANCE PROGRAMS			
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Proof Required: Copy of most recent Drug Card and Eligibility Payment Stub			
PENSIONS AND ALLOWANCES			
Pension Income: Old Age Pension (OAS) Canada/Quebec Pension Plan (CPP, QPP) Guaranteed Income Supplement (GIS) Veteran's Pension/Allowance Disability Pension(s) Survivor/Widow's Pension(s) Foreign Pension(s) including U.S. Social Security Training Allowances Other (please specify), including lump sum payments Service Canada Verification required	\$	\$	\$
Proof Required: Cheque stubs or copy of cheque Direct bank deposit: copy of pass book entries for the previous 3 months or monthly bank statements Letter from government agency issuing cheque; or, Statement from Canada Employment and Immigration or employer			
Annuity Income (includes life and fixed term annuity):	\$	\$	\$
Registered Retirement Income Fund (RRIF) Payments:	\$	\$	\$
Income from any government grant or compensation program: e.g., Canada Extraordinary Assistance Plan	\$	\$	\$
ASSETS			
Registered Retirement Savings Plans (RRSPs):	\$	\$	\$
Equity in a business/investment:	\$	\$	\$
Life Insurance (with cash surrender value):	\$	\$	\$
Real Estate (House, Land): State equity in the real estate	\$	\$	\$
Term Deposits/Bonds/Debentures:	\$	\$	\$
Stocks/Shares/Mutual Funds:	\$	\$	\$
Canada Savings Bonds:	\$	\$	\$
Mortgages and Loans Held (i.e., not owed):	\$	\$	\$
Proof of Assets: Copy of mortgage or loan note Copy of Insurance Policy(ies) Copy of Term Deposit/Bond/Debenture Copy of RRSP	Verification of share in business Copy of Real Estate Appraisal(s) Copy of Stocks/Shares/Mutual Funds		
Any assets held in trust:	\$	\$	\$
Transferred Assets: includes any asset that is given away or transferred by the tenant	\$	\$	\$

DECLARATION AND CONSENT

Please have all household members 16 years of age and older sign this declaration

We make the following pledge knowing that it will be relied upon by the County of Dufferin Community Services office to assess our qualifications for continued rent subsidy and to establish the rent:

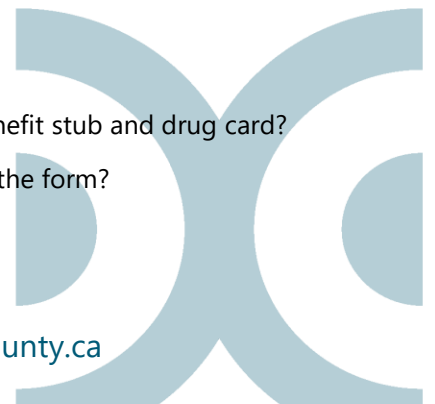
1. We have read over the Definitions of Gross Family Income and Assets attached to this form, and we fully understand them.
2. The information we put on this form as to the occupants of the unit and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.
3. We authorize the County of Dufferin Community Services office to make any inquiries that it deems necessary to verify the information given in this form. We authorize any persons, corporation or any social agency having knowledge of any required information to release such information to the County of Dufferin Community Services office and authorize the County of Dufferin Community Services office to provide the information set out in this form to any social agency providing any form of assistance to us, or any government department responsible for social housing programs.
4. Personal information may be disclosed to Consolidated Municipal Service Managers, District Social Service Administration Boards, Non-profit Housing Corporations, 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. We consent 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.
5. We are responsible to provide any supporting documents required by **<due date>** to complete this Review. This form and all supporting documents provided become the property of the County of Dufferin Community Services office.
6. We understand that failure to supply the County of Dufferin Community Services office with accurate and complete information on this form by the date specified may disqualify us for rent-geared-to-income assistance and may result in the termination of my/our rent subsidy and/or tenancy or other legal action.
7. Signatures of all household members that are 16 years of age and over are included below.

Signature Resident #1	Witness Signature	Date
Signature Resident #2	Witness Signature	Date
Signature Resident #3	Witness Signature	Date

Checklist

Before returning this form, have you....

- Had the bank complete the verification form ensuring they have filled in all direct deposit sections for monies directly deposited to your account?
- Included a copy of the income tax information required?
- Provided your pay stubs for the last 8 weeks and a letter from your employer?
- Provided verification of all other sources of income and investments?
- Provided Service Canada verification for all Canadian Government Pensions?
- Provided a copy of your Ontario Works or Ontario Disability Support Plan benefit stub and drug card?
- Had all members of your household 16 years of age and older sign and date the form?



This Form is for verification of the income and assets listed below. It is the responsibility of the Tenant to have this form completed by their Financial Institution and to return this form to the County of Dufferin Community Services office. *The tenant is responsible for ensuring the accuracy of the information provided before returning the form.*

If you have other types of income or assets, please contact the County of Dufferin Community Services office regarding proper verification.

I _____ and I _____,

Residing at (address) _____, hereby authorize the completion of this form.

Tenant Signature	Date	Tenant Signature	Date
------------------	------	------------------	------

To Whom It May Concern:

The rent charged to this tenant is based on their gross income. Please provide all available information as requested for the tenant(s) named above. All information will be treated as Confidential.

Saving/Chequing Accounts

Account Number	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 (\$)	Maturity Date Y/M/D

Registered Retirement Savings Plans, Registered Disability Savings Plans, Registered Education Savings Plans

Registration No.	Value (\$)	Valuation Date Y/M/D	Type of Plan

Financial Institution Seal or Stamp:

Name of Financial Institution	
Address	
Authorized Signature	
Position	Phone No:
Date	

Please make copies of this form if more are required

Canadian Government Pension incomes
CPP, OAS, GIS

Tenants that receive Canadian Government pensions are required to submit a Service Canada confirmation letter, with their Annual Income and Asset Review.

Tenants may obtain this confirmation letter by calling
1-800-277-9914 and press "0" to speak with a representative.

Should you have any questions, please contact your Community Service Worker.



Employment Verification

To be completed for each employed tenant or person residing in the premises. Please make additional copies of the form if necessary.

I hereby authorize the information below be given to the Corporation of the County of Dufferin, Housing Services as required under the terms of my/our lease.			
Employed Tenant Name			
Tenant Address	Apt. No.	City	Postal Code
Tenant Signature			Date
To be completed by the Employer			
Company Name		Company Telephone No.	
Address	City	Postal Code	
Employee's Position			
Employee's Present Salary \$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year			
Average number of hours per week:	Is this employee seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date employment commenced	
<u>INCOME BREAKDOWN</u>	GROSS EARNINGS IN PAST 8 WEEKS FROM: _____ to pay period commencing _____ pay period ending.	GROSS EARNINGS IN PAST YEAR FROM: _____ to: _____	
Basic Salary			
Overtime and Premium, Shift Bonus			
Commissions and Gratuities			
Other			
<u>Total Gross Earnings</u>			
Signature of Employer	Position	Date	