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# Appendix 1: Household Income and Asset Review Form

## Sample Cover Letter

*[Print on letterhead]*

This is your annual review package. You must fill it out and return it to *[who and where]* by *[date]*. Every household receiving rent-geared-to-income (RGI) assistance must fill out this form at least once a year. This is a government requirement.

Here is what to do

1) Have one person fill out this form for all members of your household.

2) List the income or assets of each person in the household who is 16 years of age or

 older. Include both Canadian and foreign income and assets.

3) Attach proof of all the income and asset information you give. (At the end of this

 package, there is a list of many types of income and assets. There is also a list of the

 documents that you should provide. You may want to look at it before you complete

 this form.)

Note:

Full-time students do not have to provide income and asset verification if they

* are a child of another member of the household
* have always lived at home, and
* do not have a spouse or a child, and
* for post-secondary students, if they have not been out of secondary school for more than 5 years at the start of their study program.

Attach proof of student status for any children 16 years of age or older who attend school full-time.

4) Make sure everyone in the household who is 16 years of age or older signs the form

 whether they have income or not.

5) Return this form and all the documents to [who and where, same as above] by [date,

If you have any questions or need help filling out this form,

please call ***[name]*** at ***[phone number]*.**

 same as above].

Household Information

## Remember,

* you must hand this form in by the deadline
* you must report changes to this information during the year. Report a change in
* who lives in the household
* a household member’s right to stay in Canada
* a household member’s status as a student
* the income or assets of any member of the household 16 years of age or older.

If your household loses its RGI assistance, you will have to pay market rent for your home. To get RGI assistance again, you would have to apply to Housing Connections and wait until your name reached the top of the waiting list.

Address (number and street name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment or unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of bedrooms in your unit \_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all members of your household** – Include everyone who lives in your unit. Start with yourself.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Relationship** **to you** | **Date of Birth:**Day/Month/Year | **Sex:**F/M | **Status in Canada:**Canadian CitizenPermanent ResidentConvention Refugee or Refugee Claimant | **Full-time Student**Yes or No | **Income:**Yes or No |
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## Income from Employment

List the employment income of all members of your household 16 years of age or older. For example, include pay, vacation pay, tips, bonuses, EI, short-term WSIB.

Remember to

* report gross monthly income – this is your income before money is taken off for taxes and so on.
* attach documents to verify each source of employment income

**Note:**

You do not have to include the income or assets of full-time students if they

* Are a child of a member of the household
* Have always lived at home
* Do not have a spouse or a child, and
* For post-secondary students, have not been out of secondary school for more than 5 years at the start of the study program.

You must provide proof that the student attends school full time. For example, attach a letter from the principal or registrar, a certified timetable, a loan or bursary document stating the name of the school and the number of courses the student is taking, or a receipt from the school showing the tuition fees paid.

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Employer** | **Gross Monthly Income**To find monthly income* If you are paid weekly, multiply by 4.333
* If you are paid every 2 weeks, divide by 2 and then multiply by 4.333
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## Self-Employment Income

List self-employment income for each household member 16 years of age or older. For example, include the income of household members who are freelance workers, business licence holders, independent contractors, sole proprietors of a business, or partners in a business.

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| --- | --- |
| **Household Member** | **Type of Business** |
|  |  |
|  |  |
|  |  |

## Income from Assets

List the assets of all members of your household 16 years of age or older. For example, include bank accounts, term deposits, GICs, RRIFs and annuities, mutual funds, stocks or shares, bonds and real estate. Do not include personal belongings such as gifts, clothing, jewellery, furniture, or cars unless they are used for business or as investments.

Remember to

* list all assets even if they do not produce regular income
* attach supporting documents for all assets.

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Description of Asset** | **Value/Balance** |
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|  |  |  |
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## Income from Pensions or Support Payments

List any pension or support payments received by members of your household 16 years of age or older. For example, include public pensions (OAS, CPP, QPP, GIS, GAINS), private pensions, long-term disability payments, child or spousal support payments, and sponsorship support.

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Pension or Support Agreement** | **Monthly Income** |
|  |  |  |
|  |  |  |

Does anyone in your household **pay** child or spousal support?

No \_\_\_\_\_\_

Yes \_\_\_\_\_\_

If yes, Name of household member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Income from Ontario Works (OW) or Ontario Disability Support Program (ODSP)

Do any members of your household receive payments from Ontario Works (OW) or Ontario Disability Support Program (ODSP)?

No \_\_\_\_\_

Yes \_\_\_\_\_

If yes, circle the program and list the names on each drug card.

Circle Program:

OW OSDP Names on drug card

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Information on Income and Assets

You must report all income, benefits, and gains of every kind and from every source, including foreign sources. Some income may be excluded from rent-geared-to-income calculations, but you still have to report it. The following list identifies most sources of income and assets as well as the documents that you will need for proof. However, this is not a complete list.

|  |  |
| --- | --- |
| **Income** | **Proof required** |
| **Employment*** full-time, part-time, casual, seasonal
* overtime, shift premiums and vacation pay
* commissions, tips, bonuses
* illness and disability pay
* Employment Insurance (EI) payments
* Workplace Safety and Insurance Board
* (WSIB) short-term payments
* strike pay
 | * a letter from employer or agency indicating gross income or average earnings and length of employment. This letter must be signed and on letterhead. It must include the name and phone number of a person to contact for verification,

 **or*** pay stubs or a copy of pay cheques for at least 2 months. They must include the employer’s name and address and show which pay periods are covered.
 |
| **Self-employment*** tutoring
* babysitting / child care
* taxi
* business
* other
 | Business licence holders should report whether or not they have received business income.* If self-employed less than one year, a financial statement every 3 months. This statement does not have to be audited.
* If self-employed *over one year*, financial statements prepared by a public accountant, or an income tax return and notice of assessment from the previous year
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|  |  |
| --- | --- |
| **Assets** * bank, trust or credit union accounts investments (stocks, bonds, shares, securities)
* Guaranteed Income Certificates (GICs)
* RRIFs and annuities
* Savings Plan
* real estate (house, land, cottage)
* cash surrender value of life insurance
 | * a copy of bank passbooks for the last 2 months
* T5s or investment statements or cheque stubs
* a copy of a real estate appraisal
* a copy of the policy or a letter from insurer stating cash surrender value
 |
| **Pensions or Support**• Old Age Security (OAS)• Canada Pension Plan (CPP) or Québec Pension Plan (QPP)• Guaranteed Income Support (GIS) or Guaranteed Annual Income System (GAINS) • Workplace Safety and Insurance Board (WSIB) long-term disability• Pensions: retirement pensions, other country• spousal support, child support, separation payments received• War Veteran’s Allowance, war reparations• sponsorship agreement | * cheque stubs or copy of cheque, or

• copy of pass book entries for previous 3 months or monthly bank statements if direct bank deposit, or• letter from government agency issuing payment• sworn affidavit with both the applicant’s and ex-spouse’s signatures or a legal document or letter from a lawyer• statement from Citizenship and Immigration Canada• statement from government agency issuing payment |
| **Social Assistance*** Ontario Works (OW)
* Ontario Disability Support Program (ODSP)
 | * drug card and cheque stub
 |

## Consent and Declaration

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

I confirm that all the information given about me in this form is true and complete.

I understand that my household can lose its subsidy if I give false or incomplete information to a housing provider. I understand that my household can lose its subsidy if all members of the household are absent from our unit for a longer period of time than permitted under the City of Toronto Absence from Unit rule.

I understand that I must

* inform *[fill in housing provider name]* within 30 days of any change in my income or assets or right to stay in Canada
* inform [housing provider] if there is a change in who lives in my unit
* provide documents within 30 days of any change.

I understand that {fill in housing provider name} must collect personal information about me. I understand that {fill in housing provider name} will use this information to decide

* if my household qualifies for the unit or apartment we live in
* if my household continues to be eligible for rent-geared-to income assistance
* how much rent-geared-to-income assistance my household qualifies for.

I agree to allow [fill in housing provider name] to make inquiries to verify the information given about me in this Household Income and Asset Review. I permit any person, corporation, or social agency to release any required information to [*housing provider name].*

I understand that the housing provider does not have to notify me before giving information on this form, or in any attached documents, to the City of Toronto or to any government or organization with which the City of Toronto may share information under the *Housing Services Act* (HSA).

I understand that any information on this form or in any attached documents will only be given in accordance with the *HSA,* the *Municipal* *Freedom of Information and Protection of Privacy Act* and associated regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of household member 1 Date

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Signature of household member 2 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of household member 3 Date

**If you have any questions or complaints about the collecting and sharing of this information, please call [name and title] at [phone number]**