



**Social Housing Registry Program
Housing and Social Services Department
Employment Verification**

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Note: One form is to be completed by each employed household member.

I hereby authorize that the information requested below be given to and used by the Social Housing Registry as required under my Part "B" application for rent-geared-to-income assistance. I hereby authorize the Social Housing Registry to contact my employer to verify the information provided herein, if required.

Part One - Employee

Last Name:	First Name:	Initial:
Home Phone Number	Business Phone Number:	
Employee Address:		
Social Insurance Number:		
Employee Signature: _____ Date: _____		

Part Two - Employer

The following is to be completed by the Employer. The rent charged to tenants is based on their income. Please provide the information requested for the person named above and return this form to the employee or directly to the Social Housing Registry. All information will be treated as confidential.

Company Name:		
Employee's Position:		
Company Address:		
City:	Province:	Postal Code:
Business Phone Number:		

Employee Presently Paid by: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
Employee Rate:		Per (Interval):
Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No If hourly, state average hours per week		
Employment Start Date: dd/mm/yyyy:		
Return to work date (if applicable) dd/mm/yyyy:		
Date of most recent raise: dd/mm/yyyy:		
Date work hours increased (If applicable):dd/mm/yyyy		
Income Breakdown – please report on Gross Amount		
For Past 8 week Pay Period worked:	From:	To:
For Past 12 month Pay Period worked:	From:	To:
Base Salary (Gross):	Past 8 weeks:	Past 12 months:
Overtime and Premium Shift Bonus:		
	Past 8 weeks:	Past 12 months:
Vacation Pay (If applicable) as a percentage of Earnings:		
	Past 8 weeks:	Past 12 months:
Commissions and Gratuities:		
	Past 8 weeks:	Past 12 months:
Bonus	Past 8 weeks:	Past 12 months:
Other Benefits	Past 8 weeks:	Past 12 months:
Total Gross Earnings	Past 8 weeks:	Past 12 months:
Name of Employer's Representative (please print):		
Position:		
Signature:		Date:

Notice with Respect to the Collection of Personal Information

Personal information as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, including (but not limited to), names, addresses, and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry pursuant to the *Housing Services Act, 2011*, the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c. F31) or the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 C.m. 56) and will be used to determine eligibility for rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Please complete form in full, sign and deliver to:

The Social Housing Registry, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

Toll Free: 1-888-778-4531

Email: theregistry@cityofkingston.ca