



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

**Self- Employment Verification**

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**Applicant Information**

Last Name:

First Name:

Home Telephone:

Business Telephone:

Applicant Address:

Social Insurance Number:

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

I, (Print Name of Applicant) \_\_\_\_\_, am self-employed as  
(Nature and Name of Business) \_\_\_\_\_, and have been  
operating this business since (Date of business start): \_\_\_\_\_

To date I have filed an income tax return with respect to my self-employment.

Yes ☐ No ☐

The following is a statement of my gross earnings and allowable deductions for the past eight (8) weeks.

Week	Date	Gross Earnings	Expenses	Net Income Earnings less Expenses
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$
8		\$	\$	\$

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

**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* and 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](mailto:theregistry@cityofkingston.ca)