



**Social Housing Registry Program
Housing and Social Services Department
Housing Application Form
Part B
Income and Asset Information**

Household Information

Please list all members of your household who will be living with you starting with yourself.

First Name	Last Name	Date of Birth mm/dd/yy	Sex M/F	Relationship to you	Social Insurance Number
				Self	

The most recent Canada Child Benefit (CCB) statement must be provided for each dependent child.

A Custody/Visitation Agreement must be provided for each dependent with a parent that does not live with the household.

Is anyone in your household a full-time student over 16 years of age attending a recognized educational institution?

Yes ☐ No ☐ If yes, please provide verification including: Educational institution name and start date/end date (i.e. report card, OSAP paperwork).

Address you are moving to:

Street Number and Street Name	Unit/Apt. No.	City:
Daytime Phone Number	Alternate Phone Number	Bedroom Size:

Income

A separate Income Section must be completed by all members of your household aged 16 and older.

NAME OF HOUSEHOLD MEMBER: _____

Income includes money of every kind and source such as employment or self-employment income (e.g. gross salary, overtime premiums, commissions), rental income, pension income from any public or private source, any government income (e.g. Employment Insurance, Worker's Compensation, Ontario Works, Ontario Disability Support Program), annuities, inheritance, alimony/support payments, interest from saving accounts, investments and term deposits, grants, scholarships, etc.

Please answer YES or NO to indicate if you are receiving any income from sources listed below. Attach Verification of Income. A copy of the most recent Notice of Assessment is required for all adult household members.

INCOME SOURCE CIRCLE YES OR NO			DETAILS	MONTHLY INCOME
Ontario Works · Attach your most recent Statement of Assistance	Yes	No		\$
ODSP · Attach your most recent Statement of Assistance	Yes	No		\$
Employment Income · Note name of employer	Yes	No		\$
Tips/Gratuities/Commissions · Note name of employer	Yes	No		\$
Self-Employed Income · Note name of business	Yes	No		\$
Employment Insurance (EI)	Yes	No		\$
Old Age Security (OAS)	Yes	No		\$
Guaranteed Income Supplement (GIS)	Yes	No		\$
Guaranteed Annual Income System (GAINS)	Yes	No		\$
Canada Pension Plan (CPP) · Please note type i.e. retirement	Yes	No		\$

INCOME SOURCE CIRCLE YES OR NO			DETAILS	MONTHLY INCOME
Private pension previous employer · Note name of pension plan	Yes	No		\$
Veteran's pension · Note type of plan	Yes	No		\$
Foreign pension, including U.S. Social Security · Note the country	Yes	No		\$
Workplace Safety and Insurance Board (WSIB) · Note type of benefit	Yes	No		\$
Spousal Support Payments	Yes	No		\$
Registered Retirement Income Fund (RRIF) payments · Note financial institution	Yes	No		\$
Annuities, life annuities, Life Income Funds (LIF) · Note financial institution	Yes	No		\$
Income from investments · i.e. interest, dividends and capital gains from bank/trust/credit union accounts, GICs, term deposits, stocks, bonds, shares, securities and other investments · Note financial institution(s)	Yes	No		\$
Other income · List all other income and note source	Yes	No		\$
Registered Disability Savings Plan (RDSP) payments	Yes	No		\$
(Office Use Only) Total net income of household member				\$

Assets

Assets are valuable things that you own for example bank accounts, Registered Retirement Savings Plan, real estate, investments, life insurance, Registered Retirement Saving Plan (RRSP) etc.

Please list all assets held by all members of your household

- Please answer YES or NO to indicate if you own or are the part owner of any asset(s).
- Indicate the current VALUE or BALANCE of the asset(s).
- **Attach verification for all your assets.**

			DETAILS (e.g. account number and financial institution)	VALUE/BALANCE (\$)
Bank accounts	Yes	No		
Guaranteed Income Certificate (GIC), Term deposits	Yes	No		
Stocks, bonds, shares, securities	Yes	No		
Registered Retirement Savings Plans (RRSP)	Yes	No		
Registered Retirement Income Fund (RRIF)	Yes	No		
Life Income Fund (LIF), annuities, life annuities	Yes	No		
Life Insurance · Include name of insurance company · Include cash surrender value	Yes	No		
Real Estate (House, Land, or property) · Include address	Yes	No		
Other				
Other				
Other				

Declaration and Consent

Personal information contained in this form or in attachments is collected by the HOUSING PROVIDER.

I declare that all the information put on this form about the occupants of the unit and their income is accurate and complete. No household assets or income have been concealed or omitted from this form.

The application and any supporting documents become the property of HOUSING PROVIDER and copies of the application and supporting documents may be given to housing providers that I have selected for placement in locations where I prefer to live.

I agree to provide any supporting material as may be required.

I understand that if accommodation is provided to me the unit will be occupied by me and the persons listed on this application.

I understand I must report any changes to my documents within 10 business days of those changes occurring.

I understand that failure to supply the landlord with accurate and complete information on this form by the date specified may result in the termination of my/our rent subsidy.

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, collected by HOUSING PROVIDER, pursuant to the Housing Services Act, 2011, will be used to determine eligibility for housing applied for, placement on the waiting list and to determine your housing rent subsidy.

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give my consent:

- To verify information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to HOUSING PROVIDER;
- To verify any supporting documents as required for my application;
- To disclose the information given on this form to non-profit housing corporations, co-operatives, the Social Housing Services Corporation and other service managers in the province participating in the Provincial Former Tenant Arrears database, municipal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application pursuant to 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).

Questions about this collection should be directed to CONTACT NAME,HOUSING PROVIDER, ADDRESS and PHONE NUMBER

The Application and consent must be signed by the applicant and each member of the household who is 16 years of age or older, or a person authorized, in writing, on the member’s behalf.

Applicant Signature: _____	Date: _____
Household member Signature: _____	Date: _____
Household member Signature: _____	Date: _____
Household member Signature: _____	Date: _____
Household member Signature: _____	Date: _____
Household member Signature: _____	Date: _____
Household member Signature: _____	Date: _____