



Income & Household Composition Review Package

Strong Community & Portable Housing Benefit Programs

Please read the following instructions carefully:

Effective July 1, 2020, the household rent will be calculated only once per year and will be based on your annual income from Line 236 of your Annual Tax Return.

Households do not need to report any changes during the year unless the following occur:

- Permanent change in household composition
(A current household member moves out or you wish to have someone new move in)
 - A significant decrease in income of 20% or more
 - Change in full-time student status
 - A member of the household has started to receive or stopped receiving social assistance
 - A member of the household has had their income tax reassessed
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- Read the entire package before completing.
Additional paperwork will need to be submitted along with this package.
- **All household members who have signed the agreement must complete and sign the attached Income & Household Composition Review Package.**
Please have signatures witnessed.
- Please provide a rent receipt or statement from your landlord confirming there are no rental arrears.
- **The income tax information we require from all household members is:**
 - Canada Revenue Agency Income Tax Summary or CRA Notice of Assessment.

These are the only documents we will accept as verification of your income

If you require a copy of your CRA Tax Summary, call 1-800-959-8281 or visit www.cra.gc.ca and login to "My Account"

- Those receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP) benefits, a copy of your **benefit statement** is required indicating the basic needs and shelter components.
- **Photocopies** are provided free of charge by Housing Services.

It is vital that you submit **all required documents prior to the deadline** that was given to you with this package.

Your review will not be complete until all required documents have been submitted.

If you have any questions and/or require assistance completing this package, please phone Housing Services at (705) 946-2077.

Submit your completed package to:

Housing Services
180 Brock St.
Sault Ste. Marie, ON, P6A 3B7
t: (705) 946-2077 | f: (705) 759-5212

Services de Logement
180 rue Brock
Sault Ste. Marie (Ontario) P6A 3B7
t: (705) 946-2077 | f: (705) 759-5212



Income & Household Composition Review Package

Strong Community & Portable Housing Benefit Programs

Review Type:

- MOVE-IN REVIEW
- INCOME REVIEW

Benefit Program:

- STRONG COMMUNITY
- PORTABLE HOUSING BENEFIT (PHB)

Rev. 03-2020

Continued Eligibility Requirements

(O. Reg. 367/11 s. 31 & O. Reg. 298/01)

1. Do you owe any money to any housing provider? **Yes** **No**
2. A household that owns residential property that is suitable for year-round occupancy, whether the property is in or outside of the province of Ontario, must sell the property within 180 days after receipt of rent-geared-to-income subsidy. (May be subject to review on a case-by-case basis)
3. Household income that exceeds the limit of the programs will not be considered for a subsidy.
4. Subsidies will only be issued if the calculated amount exceeds \$50.00.
5. All required documentation specified in the subsidy application must be submitted with this review.
6. A household cannot be in receipt of any other subsidy that relates to shelter expenses.

NEW HOUSEHOLD MEMBERS

Before a new household member can move in they must first fill out an application and upon acceptance they can then move into the unit. A subsidy agreement will be required to be signed by all household members.

ANNUAL INCOME & HOUSEHOLD REVIEW

Each program participant's income, landlord verification and household composition must be reviewed on an annual basis on the anniversary of the program start date.

This review will confirm on-going eligibility and subsidy amount. Notification prior to a review will be mailed to households within a minimum of 35 days prior to the due date.

Failure to complete the annual income and household review may result in Housing Services terminating Household's subsidy. Follow up will be completed in-person by Housing Services Staff, under the discretion of the Housing Programs Manager.

PROGRAM PARTICIPANT PROCEDURE

Program participant(s) will have their subsidy released on a monthly basis by EFT (Electronic Fund Transfer) as long as all terms of the agreement are continually met.

This includes the completion of the Annual Income & Household Review and submission of an annual rent receipt confirming rent is not in arrears.

Household Address

Street Address:		Apt #:	# of Bedrooms
City:		Province:	
Postal Code:	Home #:	Cell #:	

Statement of Household Composition

Make a complete list of the persons who are living in the home.

Household Member #1

Last Name:		First Name:	
Social Insurance Number:	Date of Birth: (mm/dd/yyyy)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Present Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>			
Current Employer:		Phone #:	
Address:			

Household Member #2

Last Name:		First Name:	
Social Insurance Number:	Date of Birth: (mm/dd/yyyy)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Present Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>			
Current Employer:		Phone #:	
Address:			

Relationship to household member #1:

Household Member #3

Last Name:		First Name:	
Social Insurance Number:	Date of Birth: (mm/dd/yyyy)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Present Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>			
Current Employer:		Phone #:	
Address:			

Relationship to household members #1 & #2:

Other Household Members Who Live in the Home

If any of your children do not live with you all the time, please place an X in the box next to their name(s). List any additional members on a separate sheet.

NOTE: For Part-time custody - Legal verification or a 'Notarized' document is required.

Last Name	First Name	X	Birth Date (mm/dd/yyyy)	Gender M/F	Relationship

Person to Contact in Case of Emergency:

	Name	Address	Phone #	Relationship
1.				
2.				

DEFINITION OF INCOME

“Income” means the total amount of all payments of any nature paid to or on behalf of or for the benefit of the member, subject to exceptions. O. Reg. 367/11, s.34 (2) (a) and (b). Income includes, but is not limited to the following:

- (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
- (b) self-employment income
- (c) the gross amount of unemployment insurance benefits;
- (d) the gross amount of workers’ compensation payments or other industrial accident insurance payments made because of illness or disability;
- (e) 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);
- (f) 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;
- (g) the gross amount of alimony, separation, maintenance or support payments;
- (h) the gross amount of gains from investments including interest or dividends on stocks, shares or other securities, and where the actual income can not be determined, an imputed rate of return set by the Ministry of Municipal Affairs and Housing from time to time;
- (i) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
- (j) the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages or lump sum payments or other assets;
- (k) 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 Ministry of Municipal Affairs and Housing from time to time.

“Gross Household Income” means the combined income of:

1. The applicant and every person residing in the leased premises;
2. Every applicant and co-applicant on the lease temporarily residing elsewhere.

EXAMPLES OF POSSIBLE SOURCES OF INCOME

Domestic or Foreign

Pensions and Allowances:

- Old Age Security (OAS)
- Guaranteed Income Supplement
- Guaranteed Annual Income Supplement (GAINS)
- Quebec Pension Plan
- Widow’s Pension
- Company Pension
- Private Pensions
- Public Service Pension
- Civilian War Pension
- Disability Pension
- War Veterans Allowance (DVA)
- War Veterans Allowance (other countries)
- Military/Militia/Civil Defence Allowances
- Training / Retraining Allowances

Income Producing Assets	Non-Income Producing Assets
<ul style="list-style-type: none"> • Farm property which produces income • Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income • Savings accounts (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits • Licence which produces income (e.g. Taxi Licence) • Business interest which produces income 	<ul style="list-style-type: none"> • Life insurance (with cash surrender value) • Registered Retirement Savings Plan, unless locked-in • Real estate (house, condominium, summer cottages) • Collection of, or investments in, other valuable non-income producing assets (i.e. coins, stamps, antiques, art, etc) • Business assets which do not produce income • Non-interest bearing chequing accounts

OTHER SOURCES OF INCOME

- Employment (full-time, part-time, casual seasonal, odd jobs)
- Self-employment (child care, music teaching, business)
- Workplace Safety and Insurance Board (WSIB)
- Insurance payments
- Provincial or municipal payments
- Employment Insurance (EI), Commission Payments
- Payments under the Compensation for Victims of Crime Act
- Payments from Official Guardian or Public Trustee
- Alimony payments
- Mortgage income
- Separation payments
- Support from relatives or other sources
- Support payments (for spouse or child)

Total Monthly Household Income Worksheet

Enter Gross Amounts Prior to Deductions

You must state all sources of income of those in your household and provide proof of each, including last year's income tax return (if previous years taxes have not been filed, verification is required from the Canada Revenue Agency).

		Provide monthly income amount for:		
Source	Proof Required	Household member #1	Household member #2	Household member #3
Employment	Employment verification form or Entire years' Cheque Stubs	\$	\$	\$
Employer Name:				
Ontario Works	Last Cheque Stub & Drug Card			
Ontario Disability (ODSP)	Last Cheque Stub & Drug Card			
Employment Insurance	Most Recent Cheque			
Canada Pension (CPP)	Bank Record or Last Cheque			
Old Age Security (OAS)	Bank Record or Last Cheque			
Gains (Seniors)	Bank Record or Last Cheque			
Support/Alimony	Supporting Legal Documents			
W.S.I.B (W.C.B.)	Most Recent Cheque			
Assets	Attach Descriptions			
Other Pensions	Bank Record or Last Cheque			
Ontario Student Assistance Program (OSAP)	Supporting Documentation / Loan Details			
Band Grant (Student)	Supporting Documentation / Letter from Band Office			
Other income	Bank Record or Last Cheque			
Self Employment	Audited Financial statements or income tax return are required -see instructions for more information			
Self Employment name of Business:				

STATUTORY DECLARATION

I/We make the above, the following and all other, whether verbal or written representations, to Housing Services, knowing that they will be relied upon by Housing Services to assess my qualifications for rental accommodation and to establish rent:

1. I/We have read the definitions of Income and Gross Family Income set out on this form and I/we fully understand them. I/We understand the requirements for reporting all household income and assets and I/we agree to comply. I/We have reported all income received and all assets currently owned and any assets transferred within the last three years by every member of the household.
2. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information, required to be given, has been withheld or omitted.
3. I/We understand that if rental accommodation is provided to me/us, that accommodation is to be occupied only by myself, the co-applicant(s) and "those persons listed in the STATEMENT OF HOUSEHOLD COMPOSITION", subject to approval.
4. I/We will notify Housing Services within 30 calendar days of any changes in my/our circumstances/application while I/we are on the waiting list.
5. I/We declare that I/we am/are in Canada legally.

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- I/We understand that it is an offence, under the Housing Services Act, for an applicant or any individual to knowingly obtain or assist a household member to obtain rent geared to income assistance for which they are not entitled. Such an offence carries up to a \$5,000 fine or up to 6 months imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this Income & Household Composition Review is missing, incorrect or false, Housing Programs may request additional information or may cancel my subsidy.

CONSENT TO DISCLOSE AND VERIFY INFORMATION

- The disclosure of information contained in this annual review and associated documents and verification is done for the purpose of processing the annual review including, but not limited to: determining the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing and determining the amount of geared-to-income rent/housing charge payable by the household. Any information contained on this form, or in attachments, is collected by Housing Services, pursuant to the Housing Services Act, 2011. This information will be used to determine the eligibility of housing, the continuation of eligibility for geared-to-income housing, and may be used to determine the appropriate geared-to-income rent/housing charge and other purposes allowed by law.
- I/We agree to provide any supporting material required for continued rent subsidy.
- I/We further consent to Housing Services disclosing to any party personal information about any member of the household, for the purpose of determining or verifying my/our initial or continued rent-geared-to-income assistance or administering my/our rent-geared-to-income assistance.
- I/We consent to the release of any information to Housing Services about any bank account, safety deposit box, assets of any nature or kind held by me/us, or on my/our behalf, or by or on behalf of any of my/our dependants or children temporarily in my/our care, alone or jointly with any other person in any financial institution.
- I/We further consent to the exchange of information with any social housing provider associated with Housing Services, an Ontario Works delivery agent, a credit bureau, the Government of Canada, the government of any other province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, or any party in order to verify information for the purposes of determining continued eligibility for and administration of my/our rent-geared-to-income-assistance.
- I/We understand that this consent will apply to inquiries made relating to continued eligibility for, as well as my/our past and present receipt of rent-geared-to-income assistance. I/we further understand that the inquiries may take the form of electronic data exchanges.
- I/We, undersigned, understand that any member of the household may make a request for an internal review of certain decisions made, with which I/we do not agree regarding the subsidized tenancy.
- I/We hereby release Housing Services, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information. I/we acknowledge that my/our eligibility shall be reviewed at least every twelve (12) months and that I/we have the same obligation to provide information required by the review. This Declaration, Release and Consent to Information shall remain in force and be enforceable against me/us by Housing Services in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me/us.
- I/We understand that any information on this form and any attachment given by Housing Services to a body listed above are confidential and will only be given in accordance with the Housing Services Act, 2011.

Signature of household member

Signature of household member

Signature of household member

Date

Witness

Witness

Witness

Date

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)
(Personal Information Protection and Electronic Documents Act)

This information is collected under the legal authority of the Housing Services Act, 2011, c. 6 Sections 169, 170, 171, 172, 173, 174, 175 and 176, as amended. The information will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-g geared-to-income charge.

Personal information may be disclosed to non-profit housing corporations, the 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 and government agencies providing social assistance to the applicant in accordance with the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F. 31, as amended, and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.-56, as amended. (Housing Services Act, 2011 s. 169. (1))

Questions about this collection should be forwarded to the Director of Housing Services, at
180 Brock Street, Sault Ste. Marie, Ontario, P6A 3B7
Tel: (705) 946-2077