

## HOUSEHOLD INCOME AND ASSETS REVIEW

Please complete all Sections of the Form, attach all supporting documents and return to:  
281 Queenston Road, Hamilton, Ontario L8K 1G9

First Name (s):	Last Name		
Address - Street Number and Street Name	Unit/Apt. No.	City:	Postal Code:
Daytime Phone Number	Alternate Phone Number		Bedroom Size:

**Household Members -** Please list all of the people who live with you

First Name	Last Name	Date of Birth Day/Month/Year	Sex M/F	Relationship to you
				Self

Has the Citizenship or Immigration status of any household member changed in the last 12 months? \_\_\_ No \_\_\_ Yes (explain): \_\_\_\_\_

Has the Social Insurance Number of any household member changed in the last 12 months? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

**Household Members Attending School**

Are any members of your household attending school full time?      Yes** <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which household member(s): _____
**Please attach proof of full time attendance for individuals 16 years of age and older.

**Emergency Contact Person**

Please indicate who we may contact in case of an emergency		
1. Name:	Phone Number:	Relationship:
2. Name:	Phone Number:	Relationship:

## HOUSEHOLD INCOME AND ASSETS REVIEW

### Gross Family Income and Assets Definitions

"Income" means all gross income, benefits and gains of every kind and from every source. "Gross household income" means the income of every household member who is expected to live in the housing applied for, or who now lives in the unit if you have already moved in. Some income may be excluded for Rent-Geared-to-Income Assistance purposes, but it still must be reported.

The following lists provide some of the possible sources of income as well as the usual documentation required by Hamilton East Kiwanis Non-Profit Homes Inc. to verify the income. If you are unable to provide the documentation or have questions, please contact your Property Manager at (905) 545-4654.

Income or Assets	Proof Required (for all Tenants, not paying Full Market Rent)
<ul style="list-style-type: none"> <li>• Full-time, part-time, casual, seasonal, overtime</li> <li>• Commissions, tips, bonuses</li> <li>• Illness and disability pay</li> </ul>	<p style="text-align: center;"><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Letter from employer or agency indicating gross income or average earnings and length of employment; or</li> <li>• Pay stubs (for at least two months) provided they have some identifiable information on them, or copy of cheque; or</li> <li>• [Name of Organization] can provide you with a "Proof of Employment Income" form for your employer to fill out</li> </ul>
<ul style="list-style-type: none"> <li>• Tutoring</li> <li>• Babysitting/Child Care</li> <li>• Taxi</li> <li>• Business</li> <li>• Other</li> </ul>	<p style="text-align: center;"><b>Self-Employment</b></p> <ul style="list-style-type: none"> <li>• Self-employed <i>less than one year</i>.</li> <li>• Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths.</li> <li>• Self-employed <i>over one year</i>:</li> <li>• Financial statements prepared by a public accountant; or</li> <li>• Certified income tax return, and CCRA notice of assessment, from the previous year</li> </ul>
<ul style="list-style-type: none"> <li>• Old Age Security (OAS)</li> <li>• Canada/Provincial Pension - CPP, QPP</li> <li>• Pensions - Widow's, Retirement, War Disability, other Country</li> <li>• War Veteran's Allowance (DVA)</li> <li>• Training Allowances</li> </ul>	<p style="text-align: center;"><b>Pensions and Allowances</b></p> <ul style="list-style-type: none"> <li>• Cheque stubs or copy of cheque (OAS); or</li> <li>• Direct bank deposit</li> <li>• copy of pass book entries for previous 3 months or monthly bank statements; or</li> <li>• letter from government agency issuing cheque</li> <li>• Statement from Canada Employment and Immigration or employer</li> </ul>
<ul style="list-style-type: none"> <li>• Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities)</li> <li>• Registered Retirement Savings Plan (RRSP)</li> <li>• Real Estate (house, land, cottage)</li> <li>• Guaranteed Income Certificates (GIC's)</li> <li>• Life Insurance (with a cash surrender value)</li> </ul>	<p style="text-align: center;"><b>Assets</b></p> <ul style="list-style-type: none"> <li>• Completed "Proof of Assets" form or copies of bank passbook(s) for the last two months for bank accounts only</li> <li>• Copy of RRSP Statement</li> <li>• Copy of Real Estate Appraisal(s)</li> <li>• Copy of Certificate(s)</li> <li>• Copy of Insurance Policy(ies)</li> <li>• Copy of T3 or T5 tax form</li> </ul>
<ul style="list-style-type: none"> <li>• Workplace Safety and Insurance Board (WSIB)</li> <li>• Employment Insurance (EI)</li> <li>• Compensation for Victims of Crime Act</li> <li>• Alimony, child support, separation</li> <li>• Ontario Student Award Program (OSAP)</li> </ul>	<p style="text-align: center;"><b>Support Income/Payments</b></p> <ul style="list-style-type: none"> <li>• Cheque stub or letter from government agency</li> <li>• Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter from lawyer</li> <li>• Copy of assessment form and confirmation of other earnings</li> </ul>
<ul style="list-style-type: none"> <li>• Ontario Works (OW)</li> <li>• Ontario Disability Support Program (ODSP)</li> </ul>	<p style="text-align: center;"><b>Social Assistance</b></p> <ul style="list-style-type: none"> <li>• Drug card and cheque stub</li> </ul>

# HOUSEHOLD INCOME AND ASSETS REVIEW

On the attached forms, all income must be converted to monthly amounts. If your income or assets information is not in monthly amounts, please use this table to convert to monthly amounts.

If your income or assets are:	Use this formula to obtain the monthly amount:
Annual	Divide by 12
Weekly	Multiply by 4.333
Every two weeks (bi-weekly)	Divide by 2, and then multiply by 4.333

## Form A - Income

All persons in the household 16 years of age and older must complete Forms A, B, & C and also supply the supporting documents. Please contact the Kiwanis Homes office if you require additional forms for your family.

1. Please read the following information carefully.
2. Please answer YES or NO to indicate if you are receiving any income from the sources listed below or ANY OTHER SOURCE. Please attach an additional sheet of paper if necessary.
3. Indicate the GROSS (before deductions) monthly income from that source. Attach all supporting documents for all your income sources.

TENANT ONE: NAME _____			TENANT TWO: NAME _____		
Income Source	Circle Yes or No	Contacts	Monthly Income	Monthly Income	Office use only: Excluded \$\$
<b>Employment Income *</b> * Indicate Employer name and phone number	Yes No	Employer: Phone: Employer: Phone:			
<b>Self-Employed Income</b> * Indicate type of business	Yes No	Business: Phone:			
<b>Tips/Gratuities/Commissions</b> * Indicate business	Yes No	Business: Phone:			
<b>Strike Pay</b> * Lockouts require verification from the employer	Yes No	Employer: Phone:			
<b>Employment Insurance (EI)</b>	Yes No				
<b>Support Payments Received</b>	Yes No				
<b>Support Payments Paid</b>	Yes No		(*exclude)	(*exclude)	

## HOUSEHOLD INCOME AND ASSETS REVIEW

<b>Workplace Safety and Insurance Board (WSIB)</b>	<b>Workplace Safety and Insurance Board (WSIB)</b>	<b>Yes No</b>
<b>Pension Income(s) (include all):</b> Yes No <ul style="list-style-type: none"> <li>• Canada Pension Plan (CPP)</li> <li>• Old Age Security (OAS)</li> <li>• Guaranteed Income Supplement (GIS)</li> <li>• Veterans Pension / Allowance</li> <li>• Disability Pensions(s)</li> <li>• Survivor Pensions(s)</li> <li>• Foreign Pension(s) including U.S. Social Security</li> </ul> Other (please specify) Do not include Lump Sum Payments (if the money is invested, include the interest only)	<b>Pension Income(s) (include all):</b> Yes No <ul style="list-style-type: none"> <li>• Canada Pension Plan (CPP)</li> <li>• Old Age Security (OAS)</li> <li>• Guaranteed Income Supplement (GIS)</li> <li>• Veterans Pension / Allowance</li> <li>• Disability Pensions(s)</li> <li>• Survivor Pensions(s)</li> <li>• Foreign Pension(s) including U.S. Social Security</li> </ul> Other (please specify) Do not include Lump Sum Payments (if the money is invested, include the interest only)	
<b>Annuity Income</b> (includes life and fixed term annuity)	<b>Annuity Income</b> (includes life and fixed term annuity)	<b>Yes No</b>
<b>Registered Retirement Income Fund (RRIF) payments</b>	<b>Registered Retirement Income Fund (RRIF) payments</b>	<b>Yes No</b>
<b>OSAP (Loan or Grant)</b>	<b>OSAP (Loan or Grant)</b>	<b>Yes No</b>
<b>Student Income</b>	<b>Student Income</b>	<b>Yes No</b>
<b>ANY other income not listed*</b> Yes No (annual bonuses, shift bonuses, self-employment, etc.) *Please indicate source of income	<b>ANY other income not listed*</b> Yes No (annual bonuses, shift bonuses, self-employment, etc.) *Please indicate source of income	
<b>Are you receiving income from any government grant or compensation program</b> (e.g. Canada Extraordinary Assistance Plan)	<b>Are you receiving income from any government grant or compensation program</b> (e.g. Canada Extraordinary Assistance Plan)	<b>Yes No</b>  Name of Recipient
<b>Total Income</b>		
<b>Social Assistance:</b> • Ontario Works (OW) How many family members on Drug Card -	<b>Social Assistance:</b> • Ontario Works (OW) How many family members on Drug Card -	<b>Yes No</b>  Worker: Phone:
<b>Social Assistance:</b> • Ontario Disability Support Program (ODSP) How many family members on drug card -	<b>Social Assistance:</b> • Ontario Disability Support Program (ODSP) How many family members on drug card -	<b>Yes No</b>  Worker: Phone:  Threshold Limit

## HOUSEHOLD INCOME AND ASSETS REVIEW

### Form B - Assets

All persons in the household 16 years of age and older must complete Forms A, B, and C and supply the supporting documents. Please contact the Kiwanis Homes office if you require additional forms for your family.

1. Please read the following information carefully.
2. Please answer YES or NO to indicate if you own or are the part owner of any asset(s). Attach an additional sheet of paper if necessary.
3. Indicate the current VALUE or BALANCE of the asset(s). Attach all supporting documents for all your assets.
4. If you are unsure about what may be an asset, please contact your Property Manager at the Kiwanis Homes office (905) 545-4654.

TENANT ONE: Name _____		TENANT TWO: Name _____	
Income Producing Assets (Yes or No)	Information regarding Asset or Imputed Income	Income Producing Assets (Yes or No)	Information regarding Asset or Imputed Income
<b>Bank Account(s) *</b> Yes    No * Please indicate the bank name and account number	Bank: _____ Account #: _____ Value: \$ _____	Bank Account(s) *      Yes    No * Please indicate the bank name and account number	Bank: _____ Account #: _____ Value: \$ _____
	Bank: _____ Account #: _____ Value: _____		Bank: _____ Account #: _____ Value: _____
<b>Term Deposits/Bonds/Debentures</b> Yes    No * Please indicate bank name and account number	Bank: _____ Account #: _____ Value: _____	<b>Term Deposits/Bonds/Debentures</b> Yes    No * Please indicate bank name and account number	Bank: _____ Account #: _____ Value: _____
	Bank: _____ Account #: _____ Value: _____		Bank: _____ Account #: _____ Value: _____
<b>Stocks, Shares, Mutual Funds</b> Yes    No	Value: _____	<b>Stocks, Shares, Mutual Funds</b> Yes    No	Value: _____
<b>Mortgages and Loans held</b> Yes    No	Value: _____	<b>Mortgages and Loans held</b> Yes    No	Value: _____
<b>Total Income-Producing Assets</b>			
Monthly Income (\$\$)		Monthly Income (\$\$)	
		Monthly Income (Office use only) Excluded \$\$	

## HOUSEHOLD INCOME AND ASSETS REVIEW

Non-Income Producing Assets (Yes or No)	Information regarding Asset or Imputed Income	Value/Balance (\$\$)	Information regarding Asset or Imputed Income	Value/Balance (\$\$)	(Office use only) Excluded \$\$
Cash or non-interest-bearing Chequing Account	Yes No		Cash or non-interest-bearing Chequing Account	Yes No	
Registered Retirement Savings Plans (RRSP's)	Yes No		Registered Retirement Savings Plans (RRSP's)	Yes No	
Equity in a business/investment (Non income-generating only)	Yes No		Equity in a business/investment (Non income-generating only)	Yes No	
Cab Plates / Taxi Licenses (only if the owner of the cab plate allows someone else to use the plate - if the owner uses the plate, the income must be shown in Self-Employed Income)	Yes No		Cab Plates / Taxi Licenses (only if the owner of the cab plate allows someone else to use the plate - if the owner uses the plate, the income must be shown in Self-Employed Income)	Yes No	
Life Insurance (with cash surrender value)	Yes No		Life Insurance (with cash surrender value)	Yes No	
Non-Income Producing Stocks, Shares, Mutual Funds	Yes No		Non-Income Producing Stocks, Shares, Mutual Funds	Yes No	
Real Estate (House, Land)	Yes No		Real Estate (House, Land)	Yes No	
Art, Antiques, Valuables	Yes No		Art, Antiques, Valuables	Yes No	
Any assets held in trust	Yes No		Any assets held in trust	Yes No	
Transferred Assets (includes any asset that is given away or transferred by the applicant or tenant)	Yes No		Transferred Assets (includes any asset that is given away or transferred by the applicant or tenant)	Yes No	
<b>Total Non-Income Producing Assets</b>					
<b>(Office Use Only)</b>					
<b>Total Assets for _____</b>					

Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan)	Yes No	Name of Recipient
Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan)	Yes No	Name of Recipient
Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan)		Name of Government Program
Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan)		Name of Government Program

## HOUSEHOLD INCOME AND ASSETS REVIEW

### **Form C – Collection, Use, and Disclosure of Personal Information**

Please have all household members 16 years of age read this declaration.

#### **What is Personal Information?**

Personal Information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, ID numbers, income, assets, household composition, residency status, rent payment record, etc;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (for example, to acquire goods or services, or change jobs).

#### **Collection and Use of Your Personal Information**

Hamilton East Kiwanis Non-Profit Homes Inc. will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application for tenancy, and its attachments;
- calculating your rent;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of Hamilton East Kiwanis Non-Profit Homes Inc.'s auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;

#### **Disclosure of Your Personal Information**

Hamilton East Kiwanis Non-Profit Homes Inc. will disclose the personal information provided by you in this form to the following parties for the purposes described above;

- To any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Housing Services Act 2011*, or Hamilton East Kiwanis Non-Profit Homes Inc.'s housing service agreement with the City of Hamilton;
- To the Government of Canada, a department, ministry or agency of it, without further notice to you if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of Hamilton East Kiwanis Non-Profit Homes Inc. for the purposes of complying with the *Housing Services Act 2011*;
- To relevant agencies or next of kin in case of emergency;
- To credit bureaus and other businesses that provide credit or rental history information about you;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of Hamilton East Kiwanis Non-Profit Homes Inc. and;
- To the Coordinated Access Center as required to determine eligibility for alternate housing accommodations
- To Conway Opportunity Homes Inc. as required to fulfil income and tenancy reporting requirements

## HOUSEHOLD INCOME AND ASSETS REVIEW

### Form C – Collection, Use, and Disclosure of Personal Information

Please have all household members 16 years of age read this declaration.

We make the following pledge knowing that it will be relied upon by Hamilton East Kiwanis Non-Profit Homes Inc. to assess our qualifications for continued rent subsidy and to establish the rent:

1. I have read over the Definitions of Gross Family Income and Assets attached to this form, and I fully understand them. I have also read and understand the information about Collection, Use, and Disclosure of Personal Information.
2. The information we put on this form as to the occupants of the unit and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.
3. I authorize Hamilton East Kiwanis Non-Profit Homes Inc. to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to Hamilton East Kiwanis Non-Profit Homes Inc.
4. I am responsible to provide any supporting documents required by 90 days prior to tenancy renewal date to complete this Review. This form and all supporting documents provided become the property of Hamilton East Kiwanis Non-Profit Homes Inc.
5. I understand that failure to supply the landlord with accurate and complete information on this form by the date specified disqualifies me/us for rent-gearred-to-income assistance and may result in the termination of my/our rent subsidy and/or tenancy or other legal action.
6. I authorize and agree that Hamilton East Kiwanis Non-Profit Homes Inc. may collect, use, and disclose the personal information that I have provided on this form and its attachments as described on the previous page. I understand and acknowledge that Hamilton East Kiwanis Non-Profit Homes Inc. will also collect, use, and disclose my personal information as required or permitted by law.
7. Signatures of all household members that are 16 years of age and over are included below. Signatures must be witnessed.

<u>X</u> Signature Resident # 1	<u>X</u> Witness's Signature	<u>X</u> Date
<u>X</u> Signature Resident # 2	<u>X</u> Witness's Signature	<u>X</u> Date
<u>X</u> Signature Resident # 3	<u>X</u> Witness's Signature	<u>X</u> Date

<u>X</u> Signature Resident #4	<u>X</u> Witness's Signature	<u>X</u> Date
<u>X</u> Signature Resident #5	<u>X</u> Witness's Signature	<u>X</u> Date
<u>X</u> Signature Resident #6	<u>X</u> Witness's Signature	<u>X</u> Date