

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:
Email Address 1:	Email Address 2:		
Daytime Phone Number	Alternate Phone Number	Bedroom Size:	

Household Members – Starting with yourself, please list all the people who live in the unit.

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): _____

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.

Tenant Insurance

Please indicate details of your tenant insurance, provide a copy of your policy.		
Insurance Company:	Policy Number:	Coverage Dates:

Emergency Contact Person

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

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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"> • Full-time, part-time, casual, seasonal, overtime • Commissions, tips, bonuses • Illness and disability pay 	<p style="text-align: center;">Employment</p> <ul style="list-style-type: none"> • Letter from employer or agency indicating gross income or average earnings and length of employment; or • Pay stubs (for at least two months) provided they have some identifiable information on them, or copy of cheque; or • [Name of Organization] can provide you with a "Proof of Employment Income" form for your employer to fill out
<ul style="list-style-type: none"> • Tutoring • Babysitting/Child Care • Taxi • Business • Other 	<p style="text-align: center;">Self-Employment</p> <ul style="list-style-type: none"> • Self-employed less than one year. - Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths. • Self-employed over one year: <ul style="list-style-type: none"> - Financial statements prepared by a public accountant; or - Certified income tax return, and CCRA notice of assessment, from the previous year
<p style="text-align: center;">Pensions and Allowances</p> <ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension - CPP, QPP • Pensions - Widow's, Retirement, War Disability, other Country • War Veteran's Allowance (DVA) • Training Allowances 	<p style="text-align: center;">Assets</p> <ul style="list-style-type: none"> • Cheque stubs or copy of cheque (OAS); or • Direct bank deposit - copy of pass book entries for previous 3 months or monthly bank statements; or - letter from government agency issuing cheque • Statement from Canada Employment and Immigration or employer
<ul style="list-style-type: none"> • Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities) • Registered Retirement Savings Plan (RRSP) • Real Estate (house, land, cottage) • Guaranteed Income Certificates (GIC's) • Life Insurance (with a cash surrender value) 	<p style="text-align: center;">Support Income/Payments</p> <ul style="list-style-type: none"> • Completed "Proof of Assets" form or copies of bank passbook(s) for the last two months for bank accounts only • Copy of RRSP Statement • Copy of Real Estate Appraisal(s) • Copy of Certificate(s) • Copy of Insurance Policy(ies) • Copy of T3 or T5 tax form
<ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) • Compensation for Victims of Crime Act • Alimony, child support, separation • Ontario Student Award Program (OSAP) 	<p style="text-align: center;">Social Assistance</p> <ul style="list-style-type: none"> • Cheque stub or letter from government agency • Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter from lawyer • Copy of assessment form and confirmation of other earnings
<ul style="list-style-type: none"> • Ontario Works (OW) • Ontario Disability Support Program (ODSP) 	<p style="text-align: center;">Social Assistance</p> <ul style="list-style-type: none"> • Drug card and cheque stub

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

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

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

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Non-Income Producing Assets (Yes or No)	Information regarding Asset or Imputed Income	Value/Balance (\$\$)	Non-Income Producing Assets (Yes or No)	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		
Total Non-Income Producing Assets						
(Office Use Only)						
Total Assets for _____						

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

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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 Woodview Manor as required to fulfil income and tenancy reporting requirements

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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-geared-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.**

<input checked="" type="checkbox"/> Signature Resident # 1	<input checked="" type="checkbox"/> Witness's Signature	<input checked="" type="checkbox"/> Signature Resident #4	<input checked="" type="checkbox"/> Witness's Signature
<input checked="" type="checkbox"/> Signature Resident # 2	<input checked="" type="checkbox"/> Witness's Signature	<input checked="" type="checkbox"/> Signature Resident #5	<input checked="" type="checkbox"/> Witness's Signature
<input checked="" type="checkbox"/> Signature Resident #3	<input checked="" type="checkbox"/> Witness's Signature	<input checked="" type="checkbox"/> Signature Resident #6	<input checked="" type="checkbox"/> Witness's Signature
	<input checked="" type="checkbox"/> Date		<input checked="" type="checkbox"/> Date
	<input checked="" type="checkbox"/> Date		<input checked="" type="checkbox"/> Date
	<input checked="" type="checkbox"/> Date		<input checked="" type="checkbox"/> Date