

**INCOME VERIFICATION FORM
FOR SOCIAL ASSISTANCE RECIPIENTS**

SECTION I – TO BE COMPLETED BY TENANT(S): Please print

Name

Rental Address-Street Number & Name

Source of Income: (Please check the appropriate box)

Scale 1
(OW singles, couples and
couples with children)

Scale 2
(OW single
parent family)

Ontario Disability
Support Plan

CURRENT MONTHLY RENTAL CHARGE: _____

TOTAL MONTHLY ALLOWANCE: _____

TOTAL BENEFICIARIES: _____

NAME OF BENEFICIARIES: _____

The above information accurately indicates my monthly rent charge and gross monthly allowance as verified by my field worker.

I understand that this information is required to qualify for and continue to receive a supplement for my rent-geared-to income accommodation.

I authorize Ontario Works and ODSP to release the required information to my landlord or agent.

LANDLORD OR AGENT:

**HAMILTON EAST KIWANIS NON-PROFIT HOMES INC.
281 QUEENSTON ROAD
HAMILTON ON L8K 1G9**

**Tel: (905) 545-4654
Fax: (905) 545-4884**

Date

Signature of tenant(s)

Section II TO BE COMPLETED BY THE FIELD WORKER OF THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES (COMSOC)/LOCAL ONTARIO WORKS OFFICE.

I certify that the information stated above is correct with respect to this client.

Name – Please Print

If further information is required, I am available
at (905) _____ Ext. _____

Authorized Signature

Office address: _____