



Household Composition Income & Assets Review

To continue to be eligible for assisted rental housing, you are required by the terms of your lease and the Housing Services Act to complete the Household Composition, Income & Assets Review Form and provide verification and documentation of all sources of income at least once annually.

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 contained on this form or in attachments is collected by Greater Sudbury Housing Corporation pursuant to the Housing Services Act, and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-gear-to-income charge.

Personal information contained in this form or in attachments is collected and 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.F31) and the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56), (Housing Services Act). Questions about this collection should be directed to the City of Greater Sudbury Housing Services Section.

Instructions for Completion of this Form

1. Please read the definition of income on the back of this page and examples thereof; and the rest of the form before completing it. Please print clearly in BLOCK LETTERS;
2. All signatories to the lease and members of the household 16 years of age or older must complete and sign this form, the Statutory Declaration, and the Consent to Disclose and Verify Information. Please have your signatures witnessed.
3. Each household member 16 years of age or older must provide a Certified Income Tax Return called an "Option C Print" of their most recent Income Tax Return which can be obtained by calling the Canada Revenue Agency as 1.800.959.8281.
4. a) Each employed household member must submit a completed Employment Verification form (Form 1) to the Greater Sudbury Housing Corporation. Regular employment income must be verified for the previous eight (8) consecutive weeks or two (2) month period. If you require an Employment Verification from (Form 1), please visit the Greater Sudbury Housing Corporation office.
b) Each household member in receipt of Social Assistance or Ontario Disability must provide a copy of their Notice of Assistance Stub and Drug Benefits Eligibility Card.
c) Each household member in receipt of Old Age Security, Guaranteed Income Supplement, Guaranteed Annual Income System, Canada Pension, Veterans' Pension, retirement or disability pensions from any source, must provide copies of the most recent cheque or cheque stub. For verification purposes, copies of the most recent cheque stubs are preferable as these usually include the gross amount and frequency of Payment (ie: monthly or annually). If cheque stubs are not available, the household member must provide a letter from the appropriate agency indicating the gross amount and frequency of payment. A letter can be obtained from the Income Security Office for Government Pensions (1.800.277.9914).
d) Each household member must provide verification of all sources of interest income and must also provide the most recent three (3) consecutive months of bank records or statements.
e) Each household member age 16 years or over attending school full-time must provide proof thereof.
f) Each household member with income producing or non-income producing assets must provide proof and verification. Verification of Assets Form may be included for this purpose.
5. If you have any questions about completing this form, please contact Greater Sudbury Housing Corporation at 705.674.8323.

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. 298/01, s.50 (2), (3), and (6). 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 worker’s 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 cannot be determined, an imputed rate of return set by the Greater Sudbury Housing Corporation 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) 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 Greater Sudbury Housing Corporation from time to time.

“Gross Household Income” means the aggregate income of:

- a) The Tenant and every person residing in the leased premises;
- b) Every tenant on the Lease temporarily residing elsewhere.

“Spouse”, in relation to a member of a household, means:

- a) An individual of the same or opposite sex to the member, if the individual and the member have together declared to the service manager that they are spouses, or
- b) An individual of the same or opposite sex to the member who is residing in the same dwelling place as the member, if the social and familial aspects of the relationship between the individual and the member amount to cohabitation and,
 - The individual is providing financial support to the member,
 - The member is providing financial support to the individual, or
 - The individual and the member have a mutual agreement or arrangement regarding their financial affairs. O.Reg. 298/01, s. 4(1)

EXAMPLES OF POSSIBLE SOURCES OF INCOME (Domestic or Foreign)

Pensions and Allowances

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- 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 Defense Allowances
- Canada Manpower Retraining Allowance
- Training Allowances
- Retraining Allowances

Income Producing Assets

- 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 (i.e.. Taxi Licence)
- Business interest which produces income

Non-Income Producing Assets

- Life Insurance (with a cash surrender value)
- Registered Retirement Savings Plan, Unless Locked-In
- Real Estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Collection of, or investments in, other valuable non-income producing assets (i.e. coins, stamps, antiques, art, etc)
- Business Asset which does not produce income
- Non-interest bearing chequing accounts

Income Producing Assets

- Employment (full-time, part-time, casual, seasonal, odd jobs)
- Self-Employment (child care, music teaching, business)
- Workers’ Compensation Payments
- Insurance Payments
- Provincial or Municipal Payments
- Unemployment Insurance Commission Payments
- Payments under Compensation for Victims of Crime Act

- Payments from Official Guardian or Public Trust
- Payments from Children’s Aid Society or Catholic Children’s Trust
- Separation Payments
- Alimony Payments
- Support Payments (for spouse or child)
- Support from relatives or other sources
- Mortgage Income



Household Composition Income & Assets Review

Home Address – Street Number and Name (P.O. Box #)	Unit/Apt	City	Postal Code	Bedrooms
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Please list household members 16 years of age and older. Attach additional sheets if required.

Last Name (Tenant 1)	First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home Phone	Work Phone
Social Insurance Number	Date of Birth (M/D/Y)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/or <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Last Name (Tenant 2)	First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home Phone	Work Phone
Social Insurance Number	Date of Birth (M/D/Y)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/or <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Last Name (Tenant 3)	First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home Phone	Work Phone
Social Insurance Number	Date of Birth (M/D/Y)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/or <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	
Last Name (Tenant 4)	First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home Phone	Work Phone
Social Insurance Number	Date of Birth (M/D/Y)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/or <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	

Other children under the age of 16 (dependents) living in the premises. Please attach verification for each source of income.

Name	Relationship to Tenant	Date of Birth (M/D/Y)	Sex		Name of Each Employer, Source of Income, or School Attended (Full-Time)
			M	F	

SOURCE OF INCOME

Please check off (✓) source of income under the appropriate columns (T1 – Tenant 1, etc). Enter gross monthly amount and attach verification of income.

SHADED AREA FOR OFFICE USE ONLY

	T1 Amt	T2 Amt	T3 Amt	T1 Amt	T2 Amt	T3 Amt
Alimony <input type="checkbox"/> Support <input type="checkbox"/>						
Canada Pension Plan (CPP) <input type="checkbox"/> CPP Disability <input type="checkbox"/>						
Employment Insurance Benefits (EI)						
Full-Time Work <input type="checkbox"/> Part-Time Work <input type="checkbox"/> Self-Employed <input type="checkbox"/>						
Old Age Security <input type="checkbox"/>						
Ontario Works <input type="checkbox"/> Ontario Disability Support (ODSP) <input type="checkbox"/>						
O S A P <input type="checkbox"/> Band Allowance <input type="checkbox"/> Study Grants <input type="checkbox"/>						
Pensions from Other Countries <input type="checkbox"/> Other Pensions <input type="checkbox"/>						
Guaranteed Annual Income System (GAINS) <input type="checkbox"/>						
Workplace Safety and Insurance Board Pension <input type="checkbox"/>						
Other (Specify) <input type="checkbox"/>						
Interest <input type="checkbox"/>						
Stocks <input type="checkbox"/> RSPs <input type="checkbox"/> RIFs <input type="checkbox"/> Real Estate <input type="checkbox"/>						

Please Indicate Any Change to your Household Composition during the Past 12 Month Period.

Pearson to be contacted in case of emergency

Address

Phone Number

Relationship

NOTES:

Statutory Declaration

1. I give my word that everything I have written on the Declaration of Income and Household Composition Form is correct and complete.
2. I understand that all information I give to **Greater Sudbury Housing Corporation** will belong to them.
3. If something on this Declaration of Income and Household Composition Form is incorrect or not true, **Greater Sudbury Housing Corporation** may at its sole discretion: request additional information and / or serve a notice in writing that I have ceased to be eligible to receive rent-geared-to-income and / or serve a notice of rent increase to pay market rent and pursue any other avenues available under Ontario law.
4. I understand that only the people I have listed on this form may live with me in subsidized housing.
5. I understand that **Greater Sudbury Housing Corporation** will use the information I give them to see if I qualify for the housing I now live in, to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
6. I give my word that I am in Canada legally.

Release and Consent to Disclose and Verify Information

Here is your legal agreement with us. Please read it carefully, and sign in the spaces below. All people 16 years of age and older who are going to live with you must sign this form.

1. I understand that there are laws that allow **Greater Sudbury Housing Corporation** to collect personal information about me.
2. I understand that the **Greater Sudbury Housing Corporation** will use the information I give them to see if I continue to qualify for rent-geared-to-income assistance and to see how much assistance I am eligible for.
3. I allow **Greater Sudbury Housing Corporation** to give and/or verify the information on this form and any attachments to/with the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Housing Services Act, 2011*, *Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow **Greater Sudbury Housing Corporation** to give and/or the information on this form and any attachments to/with the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose making decisions or verifying eligibility for assistance under the *Housing Services Act 2011* or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow **Greater Sudbury Housing Corporation** to give the information on this form and any attachments to any government or body with whom **Greater Sudbury Housing Corporation** has made an agreement under *the Housing Services Act, 2011*, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.
6. I understand that any information on this form and any attachment, given by I allow **Greater Sudbury Housing Corporation** to a body listed above, is confidential and will only be given in accordance with the *Housing Services Act* and associated regulations.
7. I understand that I am giving my consent and authorization to I allow **Greater Sudbury Housing Corporation** to complete a credit check and complete landlord references.
8. I authorize **Greater Sudbury Housing Corporation** to make any inquiries that it deems necessary to verify the information given at the Annual Income and Household Composition Review and at any other time when a change occurs in either the income or household composition. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to I allow **Greater Sudbury Housing Corporation**.

Please answer the following questions. We will use the answers to confirm whether your household is still eligible for subsidy.

- 1. Is at least one member of your household 16 years of age or older and able to live independently? Yes No
- 2. Is every member of your household a Canadian citizen, have an application for status as permanent resident or a refugee claimant under the Immigration Act and Refugee Protection Act (Canada)? Yes No
- 3. Has a removal order become enforceable under the immigration and Refugee Protection Act (Canada) for any member of the household? Yes No
- 4. a) Does any member of your household owe money to any social housing provided such as a co-op, non-profit, or local housing corporation? Yes No
b) If yes, have you entered into an agreement to repay the amount owed? Yes No
c) If yes, are you making payments as set out in the agreement? Yes No
- 5. Has any member of your household been convicted of knowingly receiving reared-to-income assistance for which they were not entitled? Yes No
- 6. Has the Landlord and Tenant Board or a court of law found any member of the household guilty of misrepresenting their income? Yes No
- 7. Do you own residential property or a share in residential property? Yes No
- 8. If you live in a special needs unit, do you still need the accessible feature or the support services in that unit? Yes No
- 9. The number of bedrooms allocated to a household is based on the number of persons in the household. Has the size of your household changed since the last review? Yes No
If yes, when did the change occur? _____ .

_____	_____	_____
Tenant Signature	Witness	Date
_____	_____	_____
Tenant Signature	Witness	Date
_____	_____	_____
Tenant Signature	Witness	Date
_____	_____	_____
Tenant Signature	Witness	Date