



**Rent Subsidy Information Package and Form for Bachelor/1 Bedroom
Units Only**

Forms and documents are due: _____

- Fill out all sections and forms that apply to you.
- You must return your forms by the due date or your rent may be set at the current market rate.
- The information you give us will be used to calculate your geared-to-income subsidy and determine if you are eligible for subsidized rental housing.

Forms included in this package:

Tenant Information	To be filled out by all households.
Household Changes	To be filled out by all households.
Consent and Declaration	To be signed by all household members aged 16 and over who are not in school full-time.
Form 1 – Proof of Employment	To be filled out if you are employed – If you have a problem using this form, please call your Property Services Clerk to see if there are other options available.
Form 5 - Proof of Assets	To be filled out if you have pensions, other income or assets.

Forms available by request:

Form 3 – Self Employment Form	To be filled out if you are self-employed.
Form 4 – Statement of Income and Expenses	To be filled out if you have been self-employed for less than 1 year.

Other information you must send in with your forms:

Tax Returns	Include the most recent Notice of Assessment from Revenue Canada for everyone aged 16 or older who lives in your household and does not attend school full-time. Revenue Canada phone number: 1.800.959.8281 Website: www.cra-arc.gc.ca
Ontario Works	If you receive Ontario Works(OW) attach a copy of your current or next month’s drug card and Statement of Assistance
Ontario Disability Support Plan	If you receive Ontario Disability Support Plan(ODSP) attach a copy of your current or next month’s drug card and Statement of Assistance

These forms can be hard to fill out. If you need help filling them out or require more forms please contact the office. We are happy to help!

Information is collected on this form and any attached documents under the authority of the *Housing Services Act, 2011* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c M.56*. Questions about the collection of this information should be directed to the Community Property Manager at 519.824.7822 extension 4300.

Income and Asset Information

Please read this information carefully before filling out the Resident Information page

All household members, including children, must report and provide proof for all income and assets. The income of any child in school full-time will not be used to calculate the rent. However, you must still tell us about this income.

Income is all the money you receive from all places.

Assets are valuable things that you own. Some assets give you income and others do not (see page 3).

What is gross monthly income?

Gross monthly income is the total income, before any deductions (for example, taxes), for everyone who lives with you. This includes a household member who is living somewhere else temporarily.

Sources of Income	Examples of Proof of Income
<p>Employment Related</p> <ul style="list-style-type: none"> ▪ Full-time or part-time employment ▪ Casual or seasonal work ▪ Vacation Pay ▪ Bonuses/cost of living increases ▪ Separation pay ▪ Overtime ▪ Sickness pay ▪ Tips, gratuities or commissions ▪ Workplace Safety and Insurance Board (WSIB) ▪ Employment Insurance (EI) ▪ Self Employment – such as, babysitting, handyman services, cleaning <p>Other Income</p> <ul style="list-style-type: none"> ▪ Children’s Aid payments ▪ Student grants/loans (e.g. OSAP) ▪ Money from relatives ▪ One time lump sum payments (Inheritance, court and out of court settlements) ▪ Mortgage income ▪ Alimony/child support ▪ Training allowances ▪ Immigration allowances (sponsorship) ▪ Rent on real estate you own <p>Pensions and Allowances</p> <ul style="list-style-type: none"> ▪ Old Age Security (OAS)/Guaranteed Income Supplement (GIS) ▪ Canada Pension Plan (CPP)/Quebec Pension Plan (QPP) ▪ Company pensions ▪ Government and or private pensions from other countries ▪ Guaranteed Annual Income System (GAINS) ▪ Veterans’ Allowance and Pensions ▪ Disability pensions ▪ Long-Term Income Protection Plan ▪ Disability Pay ▪ Annuities ▪ Registered Retirement Income Fund (RRIF) (Canadian and Foreign) <p>Social Assistance</p> <ul style="list-style-type: none"> ▪ Ontario Works (OW) ▪ Ontario Disability Support Plan (ODSP) 	<p>Employment Related</p> <ul style="list-style-type: none"> ▪ Form 1 ▪ Employer’s letter (with company information, pay period, gross pay including commission or bonuses) ▪ Pay stubs for eight weeks in a row ▪ A copy of your Workplace Safety and Insurance Board (WSIB) pay stub ▪ A copy of your EI pay stub and Record of Employment (ROE) ▪ Form 3 ▪ Form 4 (if self-employed for less than 1 year) ▪ Self-Employment - Full Income Tax return with Statement of Business Activity ▪ Tips – sworn affidavit outlining monthly amount <p>Other Income</p> <ul style="list-style-type: none"> ▪ Form 5 ▪ Bank statement or passbook ▪ Court documents or separation agreements ▪ Allowance statement ▪ Original documents (loans, inheritance, mortgage income, money from relatives) ▪ Family Responsibility Office (FRO) statements ▪ OSAP Loan Disbursement <p>Pensions and Allowances</p> <ul style="list-style-type: none"> ▪ Form 5 ▪ Bank statement or passbook ▪ Pension cheque stubs ▪ Letter from Income Securities (1.800.277.9914) <p>Social Assistance</p> <ul style="list-style-type: none"> ▪ OW – Statement of assistance and copy of your current or next month’s drug card ▪ ODSP – Statement of assistance and a copy of your current or next month’s drug card

Turn page over →

Child or Spousal Support Payments and Income	Examples of Proof of Payments
<p>If you make a child or spousal support payment:</p> <ul style="list-style-type: none"> We will deduct 30% of these payments from your gross monthly income when we calculate your rent. 	<ul style="list-style-type: none"> Court order or agreement requiring support payments be made and copies of cancelled cheques Documentation of garnished wages, etc. (if applicable)
<p>If you get child or spousal support payments:</p> <ul style="list-style-type: none"> We will include these payments in your gross monthly income when we calculate your rent 	<ul style="list-style-type: none"> Copy of support agreement or court order FRO statement Sworn affidavit of amounts received

Assets	Examples of Proof of Assets
<p>Assets that give you income:</p> <ul style="list-style-type: none"> Investments: stocks, bonds, Guaranteed Income Certificates (GICs), mutual funds Savings accounts (bank, trust company, credit union, annuities, debentures) Mortgages, loans or term deposits Business investments RRSP's – (Registered Retirement Savings Plans) that are not locked in <p>Assets that may not give you income:</p> <ul style="list-style-type: none"> Life insurance that has a cash surrender value RRSP's – (Registered Retirement Savings Plans) if locked in RESP – (Registered Education Savings Plan) Real estate that does not give you income (house, cottage, land, etc.) Collection of, or investment in, other valuable assets that do not produce income 	<p>Assets that give you income:</p> <ul style="list-style-type: none"> Form 5 Bank statements or passbooks T5 slip issued by a financial institution Letter or statement from financial institutions Estimate of property value from Real Estate Professional Insurance policy (stating cash surrender value) Investment certificates <p>Assets that may not give you income:</p> <ul style="list-style-type: none"> Form 5 T5 slip issued by a financial institution Letter or statement from financial institutions Estimate of property value from Real Estate Professional Insurance policy (stating cash surrender value) Other documents that show the value of the asset

If you do not see your income or asset source on this table, please call us about it.

Tenant Information

Street Number and Name	Unit/Apt No	No. of Bedrooms
City	Postal Code	
Name of Next of Kin/Emergency Contact	Contact Telephone Number	

Tenant #1 – Information below to be filled out by Tenant 1

Last Name		First Name	Home Phone # _____ Cell Phone # _____ Business # _____ Email _____
Social Insurance #	Date of Birth (mo/day/yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er

Employment / Asset Information		Gross Monthly Income	
Employment Related If you need more room for employer info please attach a separate piece of paper to the form.	Employer 1- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T Employer 2- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T Employer 3- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Self-Employed - Name/address of business: _____ <input type="checkbox"/> WSIB <input type="checkbox"/> Employment Insurance	\$	
Social Assistance (check the type you receive)	OW (Ontario Works) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children	ODSP (Ontario Disability Support Plan) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children	\$
Pension (check the type you receive and fill in the amount in the space provided)	Type(s) and amount: <input type="checkbox"/> OAS/GIS \$ _____ <input type="checkbox"/> CPP \$ _____ <input type="checkbox"/> CPP-Disability \$ _____ <input type="checkbox"/> Other \$ _____ specify: _____ <input type="checkbox"/> Other \$ _____ specify: _____ <input type="checkbox"/> Other \$ _____ specify: _____	\$	
Other income	Type(s): (list below) _____ _____ _____	\$	
Child/spousal Support	<input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Received <input type="checkbox"/> Paid <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month \$ _____ /month	Total monthly payments \$	
Total Gross Monthly Income		\$	
Assets See page 3 for examples	List type of Assets (example: bank account, investments, life insurance)	Total Value of Assets \$	

Turn page over →

Tenant Information - to be filled out by Tenant 2

Last Name		First Name	Home Phone # _____ Cell Phone # _____ Business # _____ Email _____
Social Insurance #	Date of Birth (mo/day/yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er

Employment/ Asset Information		Gross Monthly Income		
Employment Related If you need more room for employer information please attach a separate piece of paper to the form.	Employer 1- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T Employer 2- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T Employer 3- Name: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Self-Employed - Name/address of business: _____ <input type="checkbox"/> WSIB <input type="checkbox"/> Employment Insurance	\$		
	<table border="0"> <tr> <td> Social Assistance (check the type you receive) </td> <td> OW (Ontario Works) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children </td> <td> ODSP (Ontario Disability Support Plan) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children </td> </tr> </table>		Social Assistance (check the type you receive)	OW (Ontario Works) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children
Social Assistance (check the type you receive)	OW (Ontario Works) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children	ODSP (Ontario Disability Support Plan) <input type="checkbox"/> Single <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with/without children		
Pension (check the type you receive and fill in the amount in the space provided)	Type(s) and amount: <input type="checkbox"/> OAS/GIS \$ _____ <input type="checkbox"/> CPP \$ _____ <input type="checkbox"/> CPP-Disability \$ _____ <input type="checkbox"/> Other \$ _____ specify: _____ <input type="checkbox"/> Other \$ _____ specify: _____ <input type="checkbox"/> Other \$ _____ specify: _____	\$		
Other income	Type(s): (list below) _____ _____ _____		\$	
Child/spousal Support	<table border="0"> <tr> <td> <input type="checkbox"/> Child Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month </td> <td> <input type="checkbox"/> Spousal Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month </td> </tr> </table>	<input type="checkbox"/> Child Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month		<input type="checkbox"/> Spousal Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month
<input type="checkbox"/> Child Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month	<input type="checkbox"/> Spousal Support <input type="checkbox"/> Received <input type="checkbox"/> Paid \$ _____ /month			
Total Gross Monthly Income		\$		
Assets See page 3 for examples	List type of Assets (example: bank account, investments, life insurance)	Total Value of Assets \$		

Household Changes

This section must be completed

Please answer the following questions:

1. Has anyone moved **out** of your unit in the last 12 months?

NO

YES



Name _____

Relationship to you _____

Date of move out _____

New Address _____

Comments:

If yes, have you reported this change in writing to us?

NO

YES



Date (month/year) you reported the change in writing _____

2. Has anyone moved **into** your unit in the last 12 months?

NO

YES



Name _____

Relationship to you _____

Date of move in _____

Comments:

If yes, have you reported this change in writing to us?

NO

YES



Date (month/year) you reported the change in writing _____

Consent and Declaration

All tenants and household members aged 16 and over must read and sign the following:

- I promise that all the information given by me in this form and attached documents is true and complete.
- I understand that if I give false or incomplete information to County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation, my household could lose its rental subsidy.
- I allow County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation to check the information I have given in this Rent Subsidy Review Form.
- I allow any person, corporation or social agency that knows about my information to share that information with County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation.
- I understand I must report any changes in the income, assets, immigration status, or the number and names of individuals residing in my household. I must do this in writing no later than 30 days after the change.
- I understand the rules regarding over-housed tenants.
- I understand that personal information is collected about me under the Housing Services Act (HSA) and that this information will be used by County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation to determine:
 - If my household still qualifies for the housing we live in
 - If my household is still eligible for rent-geared-to-income assistance
 - How much rent-geared-to-income subsidy my household can receive
- I allow County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation to give the information on this form and any other documents provided with this form to Social & Child Care Services Offices and other Service Managers. This information may be used to verify my eligibility or make decisions about me for Social Housing, Ontario Works, Ontario Disability Support Program or programmes under the Day Nurseries Act.
- I understand that all household members over the age of 16 who are not in school full-time must also sign this consent and declaration to ensure they understand that their income information and status in Canada may be used to determine our household's eligibility for geared-to-income subsidies and total monthly rent.

Tenant 1 (Please print name)	Signature	Date
-------------------------------------	-----------	------

Tenant 2 (Please print name)	Signature	Date
-------------------------------------	-----------	------

Other (16 years and older) (Please print name)	Signature	Date
---	-----------	------

Other (16 years and older) (Please print name)	Signature	Date
---	-----------	------

Other (16 years and older) (Please print name)	Signature	Date
---	-----------	------

Information is collected on this form and any attached documents under the authority of the *Housing Services Act, 2011* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c M.56*. Questions about the collection of this information should be directed to the Community Property Manager at 519.824.7822 extension 4300.

Please return completed documents to:

County of Wellington - Housing Services
 138 Wyndham Street North
 Guelph, Ontario N1H 4E8
 519.824.7822

Or

Guelph Non-Profit Housing Corporation
 138 Wyndham Street North
 Guelph, Ontario N1H 4E8
 519.766.1022

Proof of Employment

(Each employed household member must complete this form or contact our office for other options)

Part A: To be filled out by the tenant / employed household member

I authorize my employer to give County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation the information asked for in Part B of this form.			
Last Name		First Name and Middle Initial	
Street Number and Name		Unit/Apt. #	City
			Postal Code
Social Insurance Number		Home Phone #	
		Business Phone #	
Signature		Date	

Part B: To be filled out by the employer

Please provide the information requested for the employee named above and return the completed form to the employee . All information will be treated as confidential. Please report on <u>Gross Income</u> only.			
Employer's Company Name		Employee's Position	Date Employment Started
			Date Increase Started
Address		City	Postal Code
Business Phone	Employee Presently Paid By: <input type="checkbox"/> Hr <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Wkly <input type="checkbox"/> Mo <input type="checkbox"/> other <input type="checkbox"/> Yr Rate \$ _____ Per _____	If hourly, average # of hours/week	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income Breakdown		Gross Earnings in Past 8 Weeks	
		From	To
Basic Salary			
Overtime and Premium			
Shift Bonus			
Cost of Living Allowance			
Commissions, Tips			
Yearly Bonus			
Other Benefits			
Total Gross Earnings			
Employers Name (Please Print)		Position	Date
Signature of Employer			

Information is collected on this form and any attached documents under the authority of the *Housing Services Act*, 2011 and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, S.O. 1990, c M.56. Questions about the collection of this information should be directed to the Community Property Manager at 519.824.7822 extension 4300.

Proof of Assets

Part A: To be filled out by the tenants and other household members with assets

I authorize my bank or financial institution to give County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation the information asked for in Part B of this form.	
Last Name (Tenant 1)	First Name and Middle Initial(s) (Tenant 1)
Last Name (Tenant 2)	First Name and Middle Initial(s) (Tenant 2)
Full Address	
Tenant 1: Signature _____	Date _____
Tenant 2: Signature _____	Date _____

Part B: To be filled out by your bank or other financial institution

Please provide the information requested for the individuals(s) named above. All information will be treated as confidential. Please return the completed form to your client to bring to County of Wellington - Housing Services and/or Guelph Non-Profit Housing Corporation.

Savings/Chequing Accounts				
Account No.	Balance(s)	Current Interest Rate (%)	Interest earned in past 12 months	Type of account (joint or single)
Direct Deposits (made to the above accounts)				
Source	Amount	Monthly/Weekly		
Term Deposits, Investment Certificates, Bonds, etc.				
Type	Value (\$)	Current Interest Rate (%)	Interest earned in past 12 months	Maturity Date
Registered Retirement Savings Plans (RRSPs) and Registered Homeownership Savings Plans (RHOSPs)				
Registration No.	Value (\$)	Current Interest Rate (%)	Interest Earned in past 12 months	Valuation Date
Financial Institution Seal or Stamp:		Name of Financial Institution:		
		Address:		
		Authorized Signature:		Date:
		Name and Position:		Phone No.

Information is collected on this form and any attached documents under the authority of the *Housing Services Act, 2011* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c M.56*. Questions about the collection of this information should be directed to the Community Property Manager at 519.824.7822 extension 4300.

Proof of Assets

Part A: To be filled out by the tenants and other household members with assets

I authorize my bank or financial institution to give County of Wellington - Housing Services and Guelph Non-Profit Housing Corporation the information asked for in Part B of this form.	
Last Name (Tenant 1)	First Name and Middle Initial(s) (Tenant 1)
Last Name (Tenant 2)	First Name and Middle Initial(s) (Tenant 2)
Full Address	
Tenant 1: Signature _____	Date _____
Tenant 2: Signature _____	Date _____

Part B: To be filled out by your bank or other financial institution

Please provide the information requested for the individuals(s) named above. All information will be treated as confidential. Please return the completed form to your client to bring to County of Wellington - Housing Services and/or Guelph Non-Profit Housing Corporation.

Savings/Chequing Accounts				
Account No.	Balance(s)	Current Interest Rate (%)	Interest earned in past 12 months	Type of account (joint or single)
Direct Deposits (made to the above accounts)				
Source	Amount	Monthly/Weekly		
Term Deposits, Investment Certificates, Bonds, etc.				
Type	Value (\$)	Current Interest Rate (%)	Interest earned in past 12 months	Maturity Date
Registered Retirement Savings Plans (RRSPs) and Registered Homeownership Savings Plans (RHOSPs)				
Registration No.	Value (\$)	Current Interest Rate (%)	Interest Earned in past 12 months	Valuation Date
Financial Institution Seal or Stamp:		Name of Financial Institution:		
		Address:		
		Authorized Signature:		Date:
		Name and Position:		Phone No.

Information is collected on this form and any attached documents under the authority of the *Housing Services Act, 2011* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c M.56*. Questions about the collection of this information should be directed to the Community Property Manager at 519.824.7822 extension 4300.