Guelph Non-Profit Housing Corporation

Rent Subsidy Information Package and Form

Forms and documents are due: _____

- Only fill out the 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 assisted rental housing.

Forms included in this package:

Tenant Information	To be filled out by all households.
Other Household Members	Only for households with more than 2 people.
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 Management Clerk to see if there are other options available.
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.
Form 5 - Proof of Assets	To be filled out if you have pensions, other income or assets.
Form 6 – School Attendance	To be filled out for all full-time students aged 16 and older We will also accept one of the following documents: • A letter stating full time attendance from the school or the school board on their letterhead. • Confirmation of School Attendance Form from the Board of Education.

Other information to send in with your forms:

Ontario Works	If you receive Ontario Works attach a copy of your current or next month's Drug Card and Statement of Assistance.
Ontario Disability Support Program (ODSP)	If you receive ODSP attach a copy of your current or next month's Drug Card and Statement of Assistance. (Form 2 on request)
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 go to school full-time. Revenue Canada phone number: 1-800-959-8281 Website: www.cra-arc.gc.ca

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

Information is collected on this form and any attached documents under the authority of the *Social Housing Reform Act*, S.O. 2000,c. 27 and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, S.O. 1990, c M.56. Personal information may only be disclosed to other municipalities or provincial departments or to agencies providing social assistance to the household or who will verify statements made by the household. Questions about the collection of this information should be directed to the Community Property Manager at 519-824-7822 extension 4300.

If you have any questions please call your Property Management Clerk at Guelph Non-Profit Housing Corporation 519-766-1022 ext. 4640

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. Some incomes that you report may not be used in the rent calculation. 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
Employment Related ▪ 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	**Employment Related** ▪ 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) ▪ Tips – sworn affidavit outlining monthly amount
Other Income ▪ 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	**Other Income** ▪ 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
Pensions and Allowances ▪ 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)	**Pensions and Allowances** ▪ Form 5 ▪ Bank statement or passbook ▪ Pension cheque stubs ▪ Letter from Income Securities (1-800-277-9914)
Social Assistance ▪ Ontario Works (OW) ▪ Ontario Disability Support Plan (ODSP)	**Social Assistance** ▪ 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 (Form 2 on request)

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Child or Spousal Support Payments and Income	Examples of Proof of Payments
If you **make** a child or spousal support payment: • We will deduct these payments from your gross monthly income when we calculate your rent. If you **get** child or spousal support payments: • We will include these payments in your gross monthly income when we calculate your rent	• Pay stubs (if garnished) • Family Responsibility Office (FRO) statement

Assets	Examples of Proof of Assets
Assets that give you income: • 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	**Assets that give you income:** • 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
Assets that may not give you income: • Life insurance that has a cash surrender value • 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	**Assets that may not give you income:** • 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

PLEASE NOTE: Interest, dividends or any other income received from or accrued in an RRSP (Registered Retirement Savings Plan) or a RESP (Registered Education Savings Plan) are not used in income for rent calculation purposes.

If you redeem or cash in an RRSP or RESP, you must report this change to the office.

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

If you have any questions please call your Property Management Clerk at Guelph Non-Profit Housing Corporation 519-766-1022 ext. 4640

Tenant Information

Street Number and Name	Unit/Apt No	No. of Bedrooms
City	Postal Code	
Name of Next of Kin/Emergency Contact (please specify relationship)	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 ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married ☐Common-Law ☐ Separated ☐ Divorced ☐ 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:_____ ☐ F/T ☐ P/T Employer 2- Name:_____ ☐ F/T ☐ P/T Employer 3- Name:_____ ☐ F/T ☐ P/T ☐ Self-Employed - Name/address of business: _____ ☐ WSIB ☐ Employment Insurance		**$**
Social Assistance (check the type you receive)	**Ontario Works** ☐ Single ☐ Single with children ☐ Couple with/without children	**ODSP (Ontario Disability Support Plan)** ☐ Single ☐ Single with children ☐ Couple with/without children	**$**
Pension (check the type you receive and fill in the amount in the space provided)	Type(s) and amount: ☐ OAS/GIS $_____ ☐ CPP $_____ ☐ CPP-Disability $_____ ☐ Other $_____ specify: _____ ☐ Other $_____ specify: _____ ☐ Other $_____ specify: _____		**$**
Other income (See page 2 for examples)	Type(s): (list below) _____ _____ _____ _____ _____ _____		**$**
Child/spousal payments you pay out each month	☐ Child Support ☐ Spousal Support $_____/month $_____/month		Total monthly payments **$**
	Total Gross Monthly Income		**$**
Assets (See page 3 for examples)	List Type of Assets (Example: bank account, investments, life insurance)		Total Value of Assets **$**

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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 ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married ☐Common-Law ☐ Separated ☐ Divorced ☐ 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:_____ ☐ F/T ☐P/T Employer 2- Name:_____ ☐ F/T ☐P/T Employer 3- Name:_____ ☐ F/T ☐P/T ☐ Self-Employed - Name/address of business: _____ ☐ WSIB ☐ Employment Insurance		**$**
Social Assistance (check the type you receive)	**Ontario Works** ☐ Single ☐ Single with children ☐ Couple with/without children	**ODSP (Ontario Disability Support Plan)** ☐ Single ☐ Single with children ☐ Couple with/without children	**$**
Pension (check the type you receive and fill in the amount in the space provided)	Type(s) and amount: ☐ OAS/GIS $_____ ☐ CPP $_____ ☐ CPP-Disability $_____ ☐ Other $_____ specify: _____ ☐ Other $_____ specify: _____ ☐ Other $_____ specify: _____		**$**
Other income (See page 2 for examples)	Type(s): (list below) _____ _____ _____ _____ _____ _____		**$**
Child/spousal payments you pay out each month	☐ Child Support ☐ Spousal Support $_____/month $_____/month		Total monthly payments **$**
	Total Gross Monthly Income		**$**
Assets (See page 3 for examples)	List Type of Assets (Example: bank account, investments, life insurance)		Total Value of Assets **$**

If you have other household members living with you, you must fill out the 'Other Household Members' information on the next page.

If you have any questions please call your Property Management Clerk at Guelph Non-Profit Housing Corporation 519-766-1022 ext. 4640

Other Household Members - (Other than tenant 1 and 2. Please include children)

	Other Household Member # 1	Other Household Member # 2	Other Household Member # 3	Other Household Member # 4
First Name				
Last Name				
Date of Birth (month/day/yr)				
Sex	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
Relationship to Tenant 1 or 2				
Social Insurance No. (if applicable)				
Name of Employer (if applicable)				
Name of School (if a student)	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time
Gross Monthly Income (if applicable)				
Type of Asset (bank account, GIC, RRSP, property etc.) (if applicable)				
Value ($) of Total Assets (if applicable)				

If you have more than 4 children or more than 4 'Other Household Members' please use the other side.

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Other Household Members (continued)

	Other Household Member # 5	Other Household Member # 6	Other Household Member # 7	Other Household Member # 8
First Name				
Last Name				
Date of Birth (month/day/yr)				
Sex	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
Relationship to Tenant 1 or 2				
Social Insurance No. (if applicable)				
Name of Employer (if applicable)				
Name of School (if a student)	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time	_____ ☐ Part-time ☐ Full-time
Gross Monthly Income (if applicable)				
Type of Asset (bank account, GIC, RRSP, property etc.) (if applicable)				
Value ($) of Total Assets (if applicable)				

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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 _____

   Comments:

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

   ❑ NO

   ❑ YES ➡ Date (month/year) you reported the change in writing_____.

FORM 1

Proof of Employment

(Each employed household member must complete this form or contact your Property Management Clerk for other options)

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

I authorize my employer to give 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 Gross Income only.

Employer's Company Name	Employee's Position	Date Employment Started	Date Increase Started
Address	City	Postal Code	
Business Phone	Employee Presently Paid By: ☐Hr ☐Bi-Wkly ☐Wkly ☐Mo ☐other ☐Yr Rate $_____ Per _____	If hourly, average # of hours/week	Seasonal? ☐ Yes ☐ No

Income Breakdown	Gross Earnings in Past 8 Weeks From To	Gross Earnings in Past Year From To
Basic Salary		
Overtime and Premium		
Shift Bonus		
Cost of Living Allowance		
Commissions, Tips		
Yearly Bonus		
Other Benefits		
Total Gross Earnings		
Employer's Name (Please Print)	Position	Date
Signature of Employer		

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FORM 5

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 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 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)

If the RRSP is locked-in under Canada Customs and Revenue Agency guidelines, please initial to verify.

Registration No.	Value ($)	Have you recently cashed or redeemed your RRSP or RESP?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Financial Institution Seal or Stamp:	Name of Financial Institution:	
	Address:	
	Authorized Signature:	Date:
	Name and Position:	Phone No.

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FORM 6

School Attendance Form

This form must be completed by all students aged 16 or older
or
You may submit a letter from the school (on school letterhead) confirming that you are in school full-time

Part A: Consent - To be filled out by the student

Please release the information below to Guelph Non-Profit Housing Corporation for the purposes of confirming my full-time attendance in school.

Name of Student: _____

Signature of Student: _____ Date: _____

Student's Address: _____

_____

Part B: Verification - To be filled out by the school or educational institution

Name of School/Institution: _____

Address of School/Institution: _____

Contact Name: _____ Telephone Number _____

This confirms that: _____ (name of student) is attending this school as a full-time student.

Authorized Signature (Principal, Registrar)

_____
Name

_____
Signature Title

_____
Date

School Stamp / Seal

Due Date: _____

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