

INCOME AND ASSETS VERIFICATION

The following are examples of Income and Assets that **MUST** be declared to the Rainy River DSSAB by each member on the application receiving any type of income.

All members listed on the application **MUST** supply their **PREVIOUS YEAR'S INCOME TAX REPORT** and **ALL** supporting documentation relating to their income with their application.

THE APPLICATION WILL NOT BE CONSIDERED UNTIL PROOF OF INCOME AND THE PREVIOUS YEARS INCOME TAX REPORT IS RECEIVED BY THE Rainy River DSSAB.

Integrated Income

<ul style="list-style-type: none"> ▪ Old Age Security ▪ Federal Guaranteed Income Supplement ▪ Provincial Guaranteed Annual Income System ▪ Canada Pension Plan ▪ Ontario Disability Support Program 	<ul style="list-style-type: none"> ▪ Worker's Compensation – Other Disability Pensions ▪ Old Age Pension – Other Countries ▪ Department of Veterans Affairs Allowance ▪ War Pension – Other Countries ▪ Private Pension
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Family Income

<ul style="list-style-type: none"> ▪ Employment Income ▪ Ontario Works ▪ Family Benefits ▪ Ontario Disability Support Program 	<ul style="list-style-type: none"> ▪ Alimony/Support ▪ Employment Insurance ▪ Other Income
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Assets

<ul style="list-style-type: none"> ▪ Bank, Trust Company, Credit Union Accounts ▪ Stocks, Bonds, GIC's, Debentures & Securities/Savings Certificates ▪ RRSP's Annuities ▪ Rental Revenue ▪ Business Assets ▪ Monies owed to you or other persons listed on application (amounts over \$500.00) ▪ Assets transferred within the past 36 months ▪ Net value of real estate owned
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Income – Income means all income, benefits and gains of every kind and from every source including, but not limited to the following:

a.	Gross salaries, wages, overtime payments, commissions, bonuses, tips and gratuities.
b.	Grants, scholarships or bursary payments.
c.	Self-employment, including an owned business, less itemized business deductions as allowed by Revenue Canada, plus any capital cost allowance used as a deduction.
d.	Employment Insurance Benefits.
e.	Workplace Safety and insurance payments or other industrial accident insurance payments made because of illness or disability.
f.	Pension, allowance, benefit or annuity, whether from federal, provincial or municipal government of Canada or any level of government of any country or state, or from any other source.
g.	Alimony, separation, maintenance or support payments.
h.	Investments, dividends, stock, shares or other securities and where the actual income cannot be determined, an imputed rate of return, as determined by the <i>Rainy River DSSAB</i> .
i.	Savings or chequing accounts, bonds, debentures, term deposits or investments, certificates, mortgages, capital gains, or lump sum payments or other assets.
j.	An imputed income equal to the total appraised value of all assets or investments which do not produce interest income, but are intended to appreciate in value or are given away, all of which must be declared, multiplied by an imputed rate of return, determined by the <i>Rainy River DSSAB</i> from time to time.



Senior/Single Application for Rental Accommodation

FOR OFFICE USE ONLY:	
Date Received:	Time Received:
No. of Bedrooms:	Main Floor Required:
Supportive Housing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Number of Project:
Other:	

INSTRUCTIONS:

- Complete all Sections and forward to:
Rainy River District Social Services Administration Board
450 Scott Street
Fort Frances, ON P9A 1H2
- Please print all information in ink.
- If you require help completing this Application, please call **(807) 274-5349** or **1-800-265-5349**.

1. HOUSING PREFERENCES	
I/We wish to apply for the following:	
1.1	Apartment size: <input type="checkbox"/> Bachelor Apartment <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms
1.2	I/We prefer to live in the following geographic area(s) and locations: (Please indicate name or address of Projects) Please refer to the information brochure. <ul style="list-style-type: none"> ▪ ▪ ▪
1.3	I/We require a modified/wheelchair accessible unit: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type of unit needed:
1.4	I/We require to live in a project where essential support services are provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the type of care you need:
1.5	I/We are willing to pay market rent: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Please call the Housing Office for information regarding the amount of the present <i>Market Rent</i> . If You Will <u>Not</u> Be Able to Pay the <i>Market Rent</i>, Please Complete Sections 6, 7, & 8, and Attach the Necessary Documentation.

2. APPLICANT

Social Insurance Number: / /	
Last Name:	First Name:
Birth Date (Month/Day/Year):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Street Address:	Apt./Box No.:
City/Town:	Postal Code:
Home Telephone No.:	Work Telephone No.:
Do you own a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other (please specify):	
Alternative Contact:	Relationship to You:
Address:	Telephone No.:

3. CO-APPLICANT (husband/wife or common-law spouse)

Social Insurance Number: / /	
Last Name:	First Name:
Birth Date (Month/Day/Year):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant:	
Address same as applicant's: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give address:	
City/Town:	Postal Code:
Home Telephone No.:	Work Telephone No.:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other (please specify):	

4. HEALTH FACTORS

Do you or any other person listed on the Application have a health problem or disability which is made worse by your current accommodation? Yes No

If Yes, give name of person/s whose health is affected and attach a Doctor's letter giving details.

5. PREVIOUS TENANCY IN A RENTAL ACCOMMODATION	
Present Landlord: Landlord's Name: Landlord's Phone No.: Move IN Date:	Do you or anyone in the household 16 years of age or older presently live in non-profit or subsidized housing: <div style="text-align: right;"> In Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No In Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Former Landlord: Former Landlord's Telephone No.: Moved IN Date: Moved OUT Date:	If Yes, please state address: Have you or anyone in the household 2 years of age or older presently lived in non-profit or subsidized housing: <div style="text-align: right;"> In Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No In Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Former Landlord: Former Landlord's Telephone No.: Moved IN Date: Moved OUT Date:	Former Address: Name of Provider:
Former Landlord: Former Landlord's Telephone No.: Moved IN Date: Moved OUT Date:	What date did you move out? Why did you move out?

6. ASSETS	
Do you or any other person listed on this Application own property (eg. house, farm, land, mobile home, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If there is an outstanding Mortgage on this property, please indicate the amount and provide documentation of balance. <i>Amount of mortgage: \$</i>
If Yes, indicate type of property, location: An appraisal of the property must be submitted.	Have you, or any other person listed on this Application, transferred assets? (eg. home, cottage) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide documentation.
Estimated value of property: \$	If Yes, indicate <i>amount</i> : \$ If Yes, indicate <i>transfer date</i> :

7. STATEMENT OF ASSETS

STATEMENT OF ASSETS			
Statement of Assets	Applicant	Co-Applicant	Others on Application
Bank, Trust Company, Credit Union, and Other Accounts (savings and chequing)	\$	\$	\$
Stocks, Bonds, GIC's, Debentures, and Other securities/saving certificates	\$	\$	\$
RRSP's, Annuities	\$	\$	\$
Rental Revenue	\$	\$	\$
Business Assets (eg. partnerships, franchise, self-employment, etc.)	\$	\$	\$
Monies owed to you or other persons listed on the Application (amounts over \$500)	\$	\$	\$
Assets transferred (see Section 9)	\$	\$	\$
Net value of real estate owned (eg. house, cottage, farm, land, etc.)	\$	\$	\$
Other Assets (specify)	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

8. GROSS MONTHLY INCOME

Statement of Monthly Income before deductions received by all persons/family members to live in the accommodation. **Income means** all income, benefits and gains, of every kind and every source including, but not limited to, the following: gross salary, overtime, commissions, self-employment, unemployment, insurance, worker's compensation, pensions, annuities, inheritance, social assistance (Ontario Works, ODSP, family benefits), alimony/support payments, interest income from savings or chequing accounts, interest from investments, term deposits, grants, scholarships, etc.

Detailed Summary of **Gross Monthly Income** and Assets which apply to everyone on this Application. (Provide photo-copy of all cheques, bank accounts, investments, etc. as per the attached instructions.)

GROSS MONTHLY INCOME (Continued)

Statement of Income	Applicant	Co-Applicant	Others on Application
Old Age Security (OAS) *attach bank record or last cheque stub	\$	\$	\$
Federal Guaranteed Income Supplement (GIC) *attach bank record or last cheque stub	\$	\$	\$
Provincial Guaranteed Annual Income System (GAINS) *attach bank record or last cheque stub	\$	\$	\$
Canada Pension Plan (CPP) *attach bank record or last cheque stub	\$	\$	\$
Old Age Pension – Other Countries *attach bank record or last cheque stub	\$	\$	\$
Worker's Compensation Other Disability Pensions *attach most recent cheque stub	\$	\$	\$
Department of Veterans Affairs Allowance *attach bank record or last cheque stub	\$	\$	\$
War Pension – Other Countries *attach bank record or last cheque stub	\$	\$	\$
Private Pensions (specify)	\$	\$	\$
Employment Income (salary, overtime, bonuses, commissions, etc.) *attach last 8 weeks of cheque stubs	\$	\$	\$
Ontario Works *attach most recent cheque stub or drug card	\$	\$	\$
Alimony/Support *attach supporting legal documents	\$	\$	\$
Employment Insurance *attach last 8 weeks of cheque stub	\$	\$	\$
Other Income (specify) ▶			
TOTAL	\$	\$	\$

9. ADDITIONAL REQUIREMENTS

Are you under Notice to vacate your home? Yes No
If Yes, please explain:

Please check one or more of the boxes that apply to you or other persons listed on the Application:

- We currently live in or recently moved from an unsafe or abusive relationship. *If you check this box, other information will be requested.*
- I/We have no permanent address (eg. live in a hostel, hotel, on the street, etc.)
Specify:
- I/We have applied for housing within one year of entering Canada. Please specify date of entry (month/day/year). *If you check this box, verification is required.*
- The applicant or co-applicant is 16 years of age.

10. ADDITIONAL COMMENTS

OPTIONAL – This Section should be used to indicate your necessity for housing:

11. DECLARATIONS, RELEASE AND CONSENT TO INFORMATION

I declare that all information given in this Application is correct and complete. This Application and supporting documents become the property of the Rainy River District Social Services Administration Board. Copies of the application and supporting documents may be given to housing providers that I have selected for placement on the waiting list in locations where I wish to live.

I understand that if rental accommodation is provided to me, it will be occupied by me and the persons listed on this Application.

I/We understand that before I can receive housing, according to Section 298 (7 e.1) (ii) any member of the household has entered into an agreement or made reasonable efforts to enter into an agreement, with the housing provider for the repayment of the arrears or money owed and the service manager is satisfied that the member is making or intends to make all reasonable efforts to repay the arrears or the money owed.

I understand that this Application does not constitute an agreement on the part of the Rainy River District Social Services Administration Board to provide me with rental accommodation.

I/We authorize Canada Customs & Revenue Agency to release to the Rainy River District Social Services Administration Board, under the *Social Housing Reform Act, 2000*, information from my income tax returns and other taxpayer information.

This released information will be relevant to, and will be used for the purpose of determining and verifying initial, past, and on-going eligibility for rent-geared-to-income housing, and for the general administration and enforcement of the *Social Housing Reform Act, 2000*, (or for its predecessor the *Ontario Housing Corporation Act*). Information will be disclosed to any other party, except in accordance with the provisions of the *Freedom of Information and Privacy Act* and the *Municipal Freedom of Information and Protections of Privacy Act*.

This authorization is given pursuant to subsection 241(5) of the *Income Tax Act* (Canada) and is valid for the taxation year prior to the year of the signature on this consent, the year of signature, and each subsequent consecutive taxation year for which rent-geared-to-income is required.

Pursuant to the Provincial/Municipal *Freedom of Information and Protection of Privacy Act*, I give consent and authorization to the Rainy River District Social Services Administration Board:

1. To make inquiries to verify the information given In this Application and I authorize any person, corporation or any social agency having knowledge of any such required information to release to the Rainy River District Social Services Administration Board. **I agree to provide any supporting material required for my Application.**
2. To disclose the information given on this form to non-profit housing corporations/cooperatives, local housing corporations, the *Ministry of Municipal Affairs and Housing* and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this Application.

SIGNATURE	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:
Member of Household 16 Years of Age or Older:	Date:
Member of Household 16 Years of Age or Older:	Date:

Letter of Reference from Previous Landlord

Five Year History Required	
Landlord Name (please print):	
Street Address:	Apt./Box No.
City/Town:	Postal Code:
Home Telephone No:	Work Telephone No:
Renter History: _____ was a tenant with _____ at _____ (tenant's address) from (dates) _____ to _____. While _____ was our tenant, s/he had the following tenant history:	
Rent Paying Habits: <input type="checkbox"/> Always on Time <input type="checkbox"/> Sometimes Late <input type="checkbox"/> Often Late <input type="checkbox"/> Consistently in Arrears <input type="checkbox"/> Was Evicted for Rent Arrears	
Housekeeping: The unit was kept in the following condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Messy / Dirty <input type="checkbox"/> Tenant damaged unit and renovations were required	
Social: Frequency of complaints from other tenants: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
Relations: Tenant and Landlord relations were: <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Additional Comments:	
Signed:	Date: