



~ Direct Shelter Subsidy Form ~

Name: _____

Address: _____

Telephone Number: (____) _____

Reporting Period:
(Month) _____ 16th to (Month) _____ 15th

Rent Receipt photocopy attached

No Changes to Report

Changes to Report

- Gross household income ~ (pay stubs, confirmation attached)
- Household size ~ new number of persons living in the unit _____
- Market Rent increase or decrease: \$ _____ (supporting documentation attached)

Declaration:

I hereby request continuance of the assistance granted me by the Direct Shelter Subsidy Program, under the eligibility requirements of the *Social Housing Reform Act*. I declare to the best of my knowledge and belief that I am eligible for such assistance, as I have reported on this statement all gross income that the members of my household and I have received from all sources for the period indicated.

Signature

Date

List the amount \$ of monthly income from all sources, indicate “NIL” for income that is not received. **NOTE:** you must complete both pages.

Income Type	Applicant	Co-Applicant	Other Household Member
Ontario Works			
Employment Income (Part or Full Time) Gross before deductions			
Employment Insurance (EI)			
Ontario Disability Support Program (ODSP)			
Old Age Security (OAS)			
Federal Guaranteed Income Supplement (GIS)			
Provincial Guaranteed Annual Income System (GAINS)			
Canada Pension Plan (CPP)			
Interest on Investments (i.e. RRIF, RRSP, bank accounts etc.)			
Workplace Safety Insurance Board (WSIB)			
Spousal or Child Support (payment or receipt)			
Private Pensions (specify)			
Self Employment Income			
Pension – Other Countries			
Other (specify)			
TOTAL AMOUNT OF GROSS MONTHLY INCOME	\$	\$	\$

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Signature

Date