



Rent Geared to Income Monthly Income Report

Return to your Local Office no later than the 16th of each month for earnings and other income from the 16th of the previous month to the 15th of the current month.

Tenant Name: _____

Unit Address: _____

Members Living within Housing Unit

Name _____	Age: _____
Name _____	Age: _____
Name _____	Age: _____
Name _____	Age: _____
Name _____	Age: _____

Earnings and Income from: 16th of _____ to: 15th of _____

Member Name	Income Type	Gross Amount

I make the following representations and warranties knowing that they will be relied upon by Algoma District Services Administration Board to assess my qualifications for continued rent subsidy and to establish my rent. The information given in the form as to the occupants of the unit and gross household income is accurate and complete.

 Tenant Signature

 Date

 Co-Tenant Signature

 Date

 Member Over 16

 Date