



Office Use : Annual Review In-Year Change Move-In

Household Composition, Income and Asset Form Rent-Geared-to-Income (RGI) / Algoma Housing Subsidy (AHS)

Instructions for completion:

1. Please complete this page and list all the people that live in your household.
2. Form A: Form A must include all income received by all household members.
 Dependents under the age of 18 who are still attending primary or secondary school do not need to complete Form A.
3. Form B: **Rent-Geared-to-Income (RGI) ONLY**
 Please list all assets held by all household members.
4. Form C: This form must be signed by all household members who are over the age of 18.

First Name (s)	Last Name			
Address - Street Number and Street Name	Unit/Apt. #	PO Box #	City:	Postal Code:
Daytime Phone Number	Alternate Phone Number/Email		Bedroom Size:	
Name of Emergency Contact/Power of Attorney	Emergency Contact Phone #		Relationship to Tenant	

Program : Rent-Geared-to-Income (RGI) Algoma Housing Subsidy (AHS)

Reason for completing form : Annual Review In-Year Change Move-In

What has changed? _____

Note: Algoma Housing Subsidy (AHS) Tenants that pay utilities
Must provide proof of equalized billing or a minimum of 3 utility bills.

HOUSEHOLD MEMBERS

Please list all of the people who live with you

First Name and Last Name	Date of Birth Month/Day/Year	Sex M/F	Relationship to you
			Self

Has the Canadian Citizenship or Immigration status of any household member changed in the last 12 months?
 ___ No ___ Yes (explain):

Form A: Income

Form A Must include all members of your household who have income – except for dependents under the age of 18 who are still in primary or secondary school.

Note:

- All members included on form A must provide their Notice of Assessment or Proof of Income Statement from the Canada Revenue Agency for the most recent tax year **OR**;
- Full-time students must provide proof of full-time status, including percentage or course load and when their program of study ends.

Household Member Name	Please Select One for Each Member and attach document
	<input type="checkbox"/> Notice of Assessment (NOA) or Proof of Income Statement from CRA <input type="checkbox"/> Proof of full-time attendance at secondary or post-secondary school
	<input type="checkbox"/> Notice of Assessment (NOA) or Proof of Income Statement from CRA <input type="checkbox"/> Proof of full-time attendance at secondary or post-secondary school
	<input type="checkbox"/> Notice of Assessment (NOA) or Proof of Income Statement from CRA <input type="checkbox"/> Proof of full-time attendance at secondary or post-secondary school
	<input type="checkbox"/> Notice of Assessment (NOA) or Proof of Income Statement from CRA <input type="checkbox"/> Proof of full-time attendance at secondary or post-secondary school

Please include any members receiving any income from the sources listed below or ANY OTHER SOURCE.

Attach an additional sheet of paper if necessary.

INCOME SOURCE	NAME OF HOUSEHOLD MEMBER(S)	DETAILS	MONTHLY INCOME
No Income			N/A
Ontario Works			\$
ODSP			\$
Gross Employment Income: Full/part time. Please note name of employer			\$
Gross Self-Employed Income Please note name of business			
Employment Insurance (EI)			
Ontario Student Assistance Program (OSAP) Study Grants/Training Allowance			\$
Workplace Safety and Insurance Board (WSIB) Please note type of benefit			\$
Veteran's pension Please note type of pension/benefit plan			
Canada Pension Plan (CPP) Please note if retirement pension, survivors' pension, disability pension and/or children's benefit			\$
Old Age Security (OAS)			
Federal Guaranteed Income Supplement (GIS)			\$
Guaranteed Annual Income System (GAINS)			\$
Private pension (through former employer) • Please note name of pension plan			\$

INCOME SOURCE	NAME OF HOUSEHOLD MEMBER(S)	DETAILS	MONTHLY INCOME
Foreign pension, including U.S. Social Security • Please note country that pension comes from			\$
Spousal Support Payments			\$
Robinson Huron Treaty Settlement Monies			
INCOME PRODUCING ASSET			
Bank Accounts, chequing/savings Please note financial institution			
Annuities, Shares, Stocks, Mutual Funds /Debentures Please note financial institution			
Guaranteed Income Certificate GIC's, Term Deposits, Bonds, RRSP, RDSP, RRIF and RESP Please note financial institution			
Real Estate (e.g. house, land, cottage) Rental income			
Life Insurance Policies (Interest earned & Value)			
Other income • Please list all other income and note source			\$
	(Office Use Only) Total net income of household member		\$

Form B: Assets

Note: Form B to be completed for Rent-Geared-to-Income (RGI) ONLY.

- Please answer YES or NO to indicate if you own or are the part owner of any asset(s) for each member of the household. Attach an additional sheet of paper if necessary.
- Indicate the current VALUE or BALANCE of the asset(s). **Only submit documentation** if there has been a change to your assets (e.g. cashed out investment, sold land etc.).
- If you are unsure about what may be an asset, please contact your Client Services Worker at your local ADSAB office.

ASSET	OWNER	DETAILS (E.G. ACCOUNT NUMBER AND FINANCIAL INSTITUTION)	VALUE/BALANCE (\$)
Cash or Non – interest bearing accounts			
Real Estate (e.g. house, land, cottage)			
Amount of Mortgage Outstanding			
Business Assets (Partnership, etc.)			
Monies Owed to You (Amounts over \$2,000)			
Paid-Up Life Insurance (Interest earned & Value)			
Recreational vehicles (e.g., campers, trailers, all-terrain vehicles, off road motorbikes, boats, etc.)			
Other assets			

Form C: Consent and Declaration

Please have all household members who 18 years of age and older sign this form.

I make the following declaration knowing that it will be relied upon by Algoma District Services Administration Board (ADSAB) to assess our qualifications for continued rent-geared-to-income (RGI) subsidy/ Algoma Housing Subsidy (AHS) and to establish the RGI rent and AHS:

I have read and understand the information about Collection, Use, and Disclosure of Personal Information.

The information put on this form about the occupants of the unit and their income is accurate and complete. No household assets or income have been concealed or omitted from this form.

I ADSAB authorize to make any inquiries that it deems necessary to verify information given on this form. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to ADSAB.

I understand that failure to supply ADSAB with accurate and complete information on this form by the date specified may result in the termination of my/our rent subsidy.

I authorize and agree that ADSAB may collect, use, and disclose the personal information that I have provided on this form and its attachments as described on the previous page. I understand and acknowledge that ADSAB will also collect, use, and disclose my personal information as required or permitted by law.

Tenant Name #1	Signature	Date
Tenant Name #2	Signature	Date
Tenant Name #3	Signature	Date
Tenant Name #4	Signature	Date
Tenant Name #5	Signature	Date

List of Income Documents	
<u>ONLY</u> submit the income documents for income reported if your income has changed significantly from your last tax assessment <u>OR</u> you are waiting to obtain your Notice of Assessment from the Canada Revenue Agency	
EMPLOYMENT	
<ul style="list-style-type: none"> Earnings - full-time, part-time, casual, seasonal, overtime Commissions, tips, bonuses Illness and disability pay 	<ul style="list-style-type: none"> Letter from employer or agency with gross income Pay stubs (for at least two months) or copy of cheque; Letter from benefits provider verifying your disability income.
SELF-EMPLOYMENT	
<ul style="list-style-type: none"> Business/Self Employment 	<ul style="list-style-type: none"> Less than 1 year- Affidavit of earnings, expenses More than 1 year: Financial statements, income tax (T1 & T2125)
PENSIONS AND ALLOWANCES	
<ul style="list-style-type: none"> Old Age Security (OAS) Guaranteed Income Supplement (GIS) Canada/Provincial Pension - CPP, QPP Pensions - Widow's, Retirement, War Disability, other Country War Veteran's Allowance (DVA) 	<ul style="list-style-type: none"> Cheque stubs or copy of cheques (OAS) Letter from the agency issuing cheque Statement from Service Canada (call 1-800-277-9914 to request copy) CRA Notice of Assessment and T slips (call 1-800-959-8281 to request a copy)
OTHER INCOME/ PAYMENTS	
<ul style="list-style-type: none"> Social Assistance: Ontario Works (OW) Ontario Disability Support Program (ODSP) Workplace Safety & Insurance Board (WSIB) Employment Insurance (EI) Compensation for Victims of Crime Act Alimony (spousal support) Ontario Student Award Program (OSAP) Robinson Huron Treaty Settlement Monies 	<ul style="list-style-type: none"> ODSP Monthly Statement Letter from WSIB verifying type of benefits and gross amount Cheque stub or letter from government agency EI Gross Weekly Rate – print out of EI claim Court order/ written agreement. OSAP assessment summary RHT letter from Band or bank statement
INCOME PRODUCING AND NON INOCME PRODUCING ASSETS	
Only provide verification of asset, if there has been a change or if asset has been disposed	
<ul style="list-style-type: none"> Bank accounts, Chequing and savings Interest Accounts include RRSP, RDSP, RRIF and RESP; withdrawals are included in RGI calculation, not included in Asset Limit. Real Estate (house, land, cottage) Guaranteed Income Certificates (GIC's) Life Insurance (with a cash surrender value) Recreational vehicles (e.g., campers, trailers, all-terrain vehicles, off road motorbikes, boats, etc.) Other: 	<ul style="list-style-type: none"> Passbook/monthly statement, (3 months) T5-Slips, bank letter Copy of Real Estate Appraisal (s) Copy of Insurance Policies; annual statements Copy of T3 or T5 tax form MPAC Current Value Assessment, Property tax bill Confirmation of appraised value or mortgage Mortgage statement Vehicle ownership papers and verification of any debts owing
Algoma Housing Subsidy (AHS) Tenants paying Utilities	
<ul style="list-style-type: none"> Utility Costs 	<ul style="list-style-type: none"> Minimum of 3 utility bills Copy of equalized billing letter/statement