

Dear Tenant:

Here is your Annual Household Composition and Income Review. Effective July 1, 2020 Ontario Regulation 316/19 has simplified the Rent Geared to Income review process. Please review this package and provide the documents requested. This information will be used to confirm your eligibility and the amount of your Rent Geared to Income (RGI) subsidy. County of Dufferin staff may request additional information to accurately understand your situation. You must provide the documentation that is requested in order to maintain your subsidy for RGI. If you choose not to provide documents or you do not sign the Declaration and Consent, you will lose the RGI subsidy. Losing subsidy means you would have to pay full market rent for your housing unit. If you need help to complete this package or your taxes, please contact our office for assistance.

The RGI calculation is based on your Adjusted Family Net Income (AFNI) found on line 236 of your Notice of Assessment for all household members. For this reason, all household members must file taxes annually and provide a Notice of Assessment.

Please complete and return this package, along with all other required information, by <date>. Please read over each section carefully and if you have questions, contact your Community Services Worker for assistance.

You can submit all supporting documents by email, fax, mail or drop off in person. A copy of this paperwork (blue pages) must be submitted with an original signature for each household member 16 or over.

Every household must submit the following:

- Notice of Assessment for tax year 20XX for every tenant who is required to file income taxes.
- Benefit Statement showing Benefit Unit for households receiving Ontario Works or Ontario Disability Support Program
- Fulltime student status for any household members 16 years and over and attending school
- If anyone in the household has a Registered Disability Support Plan (RDSP), provide a statement showing withdrawals and repayments

The following pages describe the legal requirements and detailed instructions for completion.

Photocopying service is available at the Housing office.

If you have any questions about what you need to do, or would like help with any of the steps in completing your package, please call **<CSW Name>**, Community Services Worker at (519) 941-6991 x<EXT> so that they can help you complete it before the due date. You can email documents to ____@dufferincounty.ca fax to (519) 941-0271, mail or drop off to 30 Centre Street, Orangeville, ON L9W 2X1.

Thank you.

ANNUAL INCOME VERIFICATION

Notice With Respect to the Collection of Personal Information

Personal information contained on this form or its attachments may be collected by, or for, the Corporation of the County of Dufferin in accordance with the *Housing Services Act, 2011*, and may be used to determine initial and continued suitability and eligibility for rent-geared-to-income housing ("housing"), and the appropriate rent scale and rent geared-to-income charge.

Questions about this collection should be directed to your Community Services Worker (CSW), **30 Centre St., Orangeville, ON L9W 2X1, at (519) 941-6991.**

The information obtained will be used to calculate your geared-to-income rent and establish your continued eligibility for housing.

Instructions for Completion of this Form

Please read all sections before completing form and print clearly in block letters.

1. Please read the definition of income and review all pages before completing the forms.
2. Anyone who has signed the lease, including all household members **16 years of age and over**, must complete and sign this form, including attachments.
3. Include your most recent Income Tax filing including supporting documents, and Notice of Assessment for each family member.
4. If you receive Ontario Works or Ontario Disability Support Program, please include a benefit statement, aka 'cheque stub' showing benefit unit
5. If you have a Registered Disability Savings Plan, include a statement showing the current balance and any withdrawals for the tax year.

If you have any questions, please contact your CSW who will be pleased to assist you.

This package includes:

1. Move In Income Review and Definitions (this page)
2. Household Composition and Income Review
3. Declaration and Consent

Definition of Income

Ontario Regulation 316/19 that came into effect July 1, 2020, as part of the *Housing Services Act, 2011*, defines income using the Canada Revenue Agency definition for taxable income. For Rent Geared to Income calculations, each household member's Net Income is used, line 236 or 23600. All household members' net income is combined, adjusted based on any social assistance payments or Registered Disability Saving Plan withdrawals or repayments, and then referred to as Adjusted Family Net Income. If you are unclear what income is taxable, contact a tax professional or CRA.

Canada Revenue Agency at 1-800-959-8281 or www.canada.ca/en/revenue-agency

Checklist

Before returning this form, have you:

- ☐ Included a copy of Notice of Assessment for each member 16 years of age and older?
- ☐ Provided proof of student status for any tenants 16 years of age or older?
- ☐ Made sure all members of your household 16 years of age and older sign and date the last page?
- ☐ Included a Benefit Statement (cheque stub) showing Benefit Unit for any household member receiving Ontario Works or Ontario Disability Support Program?
- ☐ Provided a statement for your Registered Disability Savings Plan, if anyone in the household has one?

HOUSEHOLD COMPOSITION and INCOME REVIEW

REVIEW MONTH:

TENANT UNIT:

TENANT #1

At least one member in your household must be 16 years or older. The Income Review must be signed by **ALL** members of the household 16 years and older.

Last Name:			First Name:		
Date of Birth:			Email:	Home #: ()	
Day	Month	Year		Cell #: ()	
				Work #: ()	
Street:			Apt./Unit #		City/Town:
					Postal Code:

Check all income sources for this tenant

Employment: - Earnings - Employment Insurance (EI)	Pensions, such as: - CPP, OAS, GIS - Foreign Gov't - Private Company	Assistance, such as: - Ontario Works - Ontario Disability Support Program	Other, such as: - CPP-Disability - Long Term Disability (LTD)
YES ☐	YES ☐	YES ☐	YES ☐
NO ☐	NO ☐	NO ☐	NO ☐

Is this tenant a **full time student**? YES ☐ NO ☐

If YES: please provide proof of fulltime student status with this review package.

TENANT #2

At least one member in your household must be 16 years or older. The Income Review must be signed by **ALL** members of the household 16 years and older.

Last Name:			First Name:		
Date of Birth:			Email:	Home Telephone: ()	
Day	Month	Year		Work Telephone: ()	
Street:			Apt./Unit #		City/Town:
					Postal Code:

Only complete address if different from Tenant #1

Check all income sources for this tenant

Employment: - Earnings - Employment Insurance (EI)	Pensions, such as: - CPP, OAS, GIS - Foreign Gov't - Private Company	Assistance, such as: - Ontario Works - Ontario Disability Support Program	Other, such as: - CPP-Disability - Long Term Disability (LTD)
YES ☐	YES ☐	YES ☐	YES ☐
NO ☐	NO ☐	NO ☐	NO ☐

Is this tenant a **full time student**? YES ☐ NO ☐

If YES: please provide proof of fulltime student status with this review package.

TENANT #3

At least one member in your household must be 16 years or older. The Income Review must be signed by ALL members of the household 16 years and older.						
Last Name:			First Name:			
Date of Birth:			Email:		Home Telephone: ()	
Day	Month	Year			Work Telephone: ()	
Street:			Apt./Unit #		City/Town:	
Only complete address if different from Tenant #1					Postal Code:	
Check <u>all</u> income sources for this tenant						
Employment: - Earnings - Employment Insurance (EI)		Pensions, such as: - CPP, OAS, GIS - Foreign Gov't - Private Company		Assistance, such as: - Ontario Works - Ontario Disability Support Program		Other, such as: - CPP-Disability - Long Term Disability (LTD)
YES ☐		YES ☐		YES ☐		YES ☐
NO ☐		NO ☐		NO ☐		NO ☐
Is this tenant a full time student ? YES ☐ NO ☐						
If YES: please provide proof of fulltime student status with this review package.						

CHILDREN/DEPENDENTS

Other Persons under 16 years of age living in the Premises			
Last Name	First Name	Birth Date M/D/Y	Relationship to Tenant #1

Does any member of the Household have a Registered Disability Savings Plan (RDSP) : YES ☐ NO ☐
If YES: Provide a statement showing withdrawals and repayments for the tax year.

EMERGENCY CONTACTS

Please indicate who we may contact in the case of emergency:		
1. Name & Address:	Phone Number:	Relationship to you:
2. Name & Address:	Phone Number:	Relationship to you:
Doctor Name:	Phone Number:	Office Address:
Do you have a support worker or agency that assists you? This is optional to provide.		
Name:	Agency:	Contact:

DECLARATION AND CONSENT

Please have all household members 16 years of age and older sign this declaration.

We make the following pledge knowing that it will be relied upon by the County of Dufferin Community Services office to assess our qualifications for continued rent subsidy and to establish the rent:

1. We have read over the Income Review and Definition of Income attached to this form, and we fully understand them.
2. The information we put on this form as to the occupants of the unit and the household income is accurate and complete. No household members, or income have been concealed or omitted from this form.
3. We authorize the County of Dufferin Community Services office to make any inquiries that it deems necessary to verify the information given in this form. We authorize any persons, corporation or any social agency having knowledge of any required information to release such information to the County of Dufferin Community Services office and authorize the County of Dufferin Community Services office to provide the information set out in this form to any social agency providing any form of assistance to us, or any government department responsible for social housing programs.
4. Personal information may be disclosed to Consolidated Municipal Service Managers, District Social Service Administration Boards, Non-profit Housing Corporations, Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies and government agencies providing social assistance to the tenant. We consent to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.
5. We are responsible to provide any supporting documents required by <due date> to complete this Review. This form and all supporting documents provided become the property of the County of Dufferin Community Services office.
6. We understand that failure to supply the County of Dufferin Community Services office with accurate and complete information on this form by the date specified may disqualify us for rent-geared-to-income assistance and may result in the termination of my/our rent subsidy and/or tenancy or other legal action.
7. Signatures of all household members that are 16 years of age and over are included below.

Signature Tenant #1

Witness Signature

Date

Signature Tenant #2

Witness Signature

Date

Signature Tenant #3

Witness Signature

Date