



# DURHAM REGION NON-PROFIT HOUSING CORPORATION

28A Albert St.  
 Oshawa, ON., L1H 8S5  
 Telephone: 905-436-6610 Fax: 905-436-5361

## ANNUAL HOUSEHOLD INCOME AND ASSETS REVIEW

Please complete all sections of the form, attach supporting documentation, and return to the above address

First Name:		Last Name:	
Address - Street Number and Street Name		Unit/Apt. No.	City
Daytime Phone Number		Alternate Phone Number	Postal Code
E-mail address		Bedroom Size	

### Household Members - Please list all of the people who live with you

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

### Household Members Attending School

Are any members of your Household attending school full time? Yes No

\_\_\_\_\_

If yes, Please Indicate which household member(s):

\*\* Please attach proof of full time attendance for individuals 18 years of age and over.

### Emergency Contact Person(s)

Please indicate who we may contact in case of an emergency

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

**Household Income Declaration**

Please answer YES or NO to **all** the questions listed below and indicate the gross (amount before deductions) monthly income for all income sources. Please attach an additional sheet of paper if required.

**ATTACH SUPPORTING DOCUMENTATION FROM ALL INCOME SOURCES FOR EACH HOUSEHOLD MEMBER**

Income Source	Answer Yes or No	Name of Person Receiving Income	Contacts	Gross Monthly Income
Employment Income	Yes No			
Ontario Works	Yes No		Worker: Phone:	
Ontario Disability Support Plan (ODSP)	Yes No		Worker: Phone:	
Employment Insurance	Yes No			
Child/Spousal Support Payments Paid	Yes No			
Child/Spousal Support Payments Received	Yes No			
Workers' Compensation	Yes No			
Disability Pension	Yes No			
Canada Pension (CPP)	Yes No			
Old Age Security (OAS)	Yes No			
Guaranteed Annual Income Supplement (GIS)	Yes No			
Company Pension	Yes No			
OSAP (Loan or Grant)	Yes No			
Foreign Pension	Yes No			
Annuities	Yes No			
Any other income not listed above i.e. tips, bonuses, etc.	Yes No Please indicate income source			

*Please complete page 3...*

**Household Assets Declaration**

Please answer YES or NO to all the questions listed below. Please attach an additional sheet of paper if required.

**ATTACH SUPPORTING DOCUMENTATION FROM ALL ASSETS FOR EACH HOUSEHOLD MEMBER**

If you are unsure about what may be considered an asset, please contact your Rent Assessment Officer at 905-436-6610 x217

Type of Asset	Answer Yes or No	Name of Person who owns the Asset	Value / Balance in Dollars
Bank Account(s)*  *Please indicate Bank Name and Account Number(s)	Yes    No	Name:  Bank:  Account Number:	
		Name:  Bank:  Account Number:	
RRSP's / RIF's	Yes    No		
GIC's	Yes    No		
Mutual Funds	Yes    No		
Stock and Bonds	Yes    No		
Investments	Yes    No		
Real Estate (House, Land)	Yes    No		
Art, Antiques, Valuables	Yes    No		
Taxi or Business License	Yes    No		
Any Assets held in trust	Yes    No		
ANY other assets not listed above	Yes    No		

*Please complete page 4...*

**Consent and Declaration**

I / we, the undersigned, make the following representations and warranties knowing they will be relied upon by Durham Region Non-Profit Housing Corporation (DRNPHC) to assess my qualification for continued eligibility for rent-gear to income (RGI) subsidy and to establish my monthly rental amount.

- I. I have read this application and understand that all household income and assets must be disclosed and supporting documentation provided. I understand that all documents provided become the property of DRNPHC.
- II. I declare that the information given in this form as to the occupants of the unit and the gross family income is accurate and complete. No Household assets or income have been concealed or omitted from this form.
- III. I consent to an authorized representative of the Region of Durham or any of its agents under contract, disclosing to any party personal information about me, my spouse, same sex partner, and any dependents included in my household for the purpose of determining initial or continuing eligibility of RGI assistance and/or special needs housing information to DRNPHC. I acknowledge that I am providing my consent in connection with my application including my placement on any applicable waiting lists.
- IV. I further consent to the exchange of information with any agency, Ministry or department of the Region of Durham, the government of Ontario, the government of Canada, the government of any other province or territory, or any party for the purpose of determining initial or continuing eligibility for RGI assistance and/or special need housing including my placement on any applicable waiting lists.
- V. I understand and consent to the release of information provided to DRNPHC, including any supporting documentation to an authorized representative of the Region of Durham and Durham Access to Social Housing for the purpose of determining past, initial or continuing eligibility for RGI assistance and/or special need housing including my placement on any applicable waiting lists.
- VI. Without restricting the generality of the consent in section 5, I specifically consent to the release of information relating to any assets held in any financial institution by or on behalf of me, my spouse, or same sex partner, and any dependents in my household.

Notice with Respect to the Collection of Personal Information

Freedom of Information and Protection of Privacy, Municipal Freedom of Information and Protection of Privacy Act.

This information is collected under the legal authority of the Housing Services Act, 2000 for the purpose of administering the social housing programs prescribed in the Act and its associated Regulations.

**Signatures are requested from all members of the household that are 18 years of age and over:**

\_\_\_\_\_  
*Signature Resident #1*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Resident #2*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Resident #3*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Resident #4*

\_\_\_\_\_  
*Date*