

INCOME & ASSET DECLARATION FORM FOR SENIORS & ADULTS WITH NO DEPENDENTS

Home Address – Street number & Street name		Unit No.		City		Postal Code		No. of bedrooms	
Mailing Address (if different)		City		Postal Code					
Mr. Last Name – TENANT NO. 1 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Last Name – TENANT NO. 2		First Name			
Social Insurance No. Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth Year: M: D:		Social Insurance No.		Date of Birth Year: M: D:			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated		Home Phone Number		Home Phone Number		Business Phone Number		Business Phone Number	

TYPE OF INCOME <small>Attach most recent copy of stub</small>	TENANT NO. 1 <small>(gross monthly income)</small>	TENANT NO. 2 <small>(gross monthly income)</small>
Old Age Security		
Guaranteed Annual Income Supplement		
Canada Pension Plan/Quebec Pension Plan		
Other County Pension		
Other Pension		
Employment (form 1)		
<input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP		
Other Income – specify source		
Non Income Producing Assets – specify type		

Bank Account(s)	Account No.	Balance	Interest	Account No.	Balance	Interest
<input type="checkbox"/> chequing						
<input type="checkbox"/> savings						
<input type="checkbox"/> other						

Name of person to be contacted in Case of Emergency		Address – Street Number & Name		City		Province		Postal Code	
Home Phone No.		Business Phone No.		Relationship to Tenant		Name of Family Doctor		Telephone No. of Doctor	

Have you transferred or given away any property, investments or other funds to family or friends? Yes No If yes, please provide details.

Please indicate any change to your household (ie. has any person moved in or out) and the effective date of the change

UNIT KEY CODE/ access card code:	BUZZER NO.:	Pets in unit:	Year & Color of vehicle
Make & Model of Car	License Plate No.:	Satellite or cable?	

Below IS FOR OFFICE USE ONLY

RENT CALCULATION:			
Old Rent	New Rent	Lease Renewal Date	Completed by
Increase/Decrease	Percentage Change	Y M D	Date
		Authorized by	Date



CONSENT TO COLLECT, VERIFY AND TO DISCLOSE INFORMATION

DECLARATION:

This is your consent to collect, verify and disclose information. Please read it carefully, and sign below. All people 16 years of age and older who are living with you must sign this.

Without restricting the generality of this consent, I/we consent to the collection of financial (banking, employment or other financial) or personal information and the disclosure of information by/to the City of Brantford Housing Department or an Eligibility Review Officer.

I/we allow the City of Brantford Housing Department or an Eligibility Review Officer to collect/give information including the information on this form and any attachments amongst all leaseholders, to the social services staff, social services offices, district social services administration boards, housing providers or the province-wide arrears database operated by the Social Housing Services Corporation, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, 2000*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.

I allow the City of Brantford Housing Department or an Eligibility Review Officer to collect/give information including the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.

I/we allow the City of Brantford Housing Department or an Eligibility Review Officer to collect/give information including the information on this form to any government or body with whom the Housing Department of the City of Brantford has made an agreement under the *Social Housing Reform Act, 2000*, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing or rent-geared-to-income assistance program.

I understand that any information on this form and any attachment given by the City of Brantford Housing Department or an Eligibility Review Officer to a body listed above is confidential and will only be given in accordance with the *Social Housing Reform Act, 2000* and associated regulations.

DECLARATION:

All members of this household declare that:

I/we give my/our word that everything written on or attached to this form is correct and complete.

If something on or attached to this form is incorrect or not true, the City of Brantford Housing Department or an Eligibility Review Officer may request additional information, terminate my subsidy or both and I may be prohibited from re-applying for assistance for a minimum period of two years under the *Social Housing Reform Act, 2000*.

I/we understand that only the people I/we have listed on page one of this declaration may live with me in subsidized housing.

I/we understand that the City of Brantford Housing Department or an Eligibility Review Officer will use the information I give them to see if I qualify for rent-geared-to-income assistance, and to see how much assistance I am eligible for.

I give my word that I am in Canada legally.

“ Personal information contained in this form or in attachments is collected by The City of Brantford pursuant to the *Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F.31)*; the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56)* or the *Social Housing Reform Act, 2000*. This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-geared-to-income charge.”

Signature of household members over the age of 16 years

X _____ X _____

X _____ X _____

Today's date: _____

If you have any question about the collection and use of personal information, please contact Mr. R. Farrell, Director of Housing