



## SENIOR/ADULT Income Declaration Package

### Instructions for completing this package

**STEP 1: Complete both sides of this Income Declaration Form**

**STEP 2: Attach proof of all sources of income for the household (below)**

- a) **Pension Recipients** must provide a copy of the cheque stub, bank pass book, statement or a letter from the government agency issuing the cheque.
- b) **Social Assistance Recipients** must provide a copy of their most recent drug card and statement of assistance.
- c) Each **employed household member** must provide a completed Employment-Proof Form (*Schedule 1*) or 8 consecutive weeks of the most recent pay stubs.
- d) Any household member with **other income** (*i.e. Employment Insurance, Canada Pension, Worker's Compensation, private pension etc.*) must provide most recent pay stubs and/or letter from funding source.
- e) Each household member **must provide the Verification of Assets form for each bank they have accounts with.**  
*Please feel free to provide any additional statements.*

**Note:** Page 2 lists definitions of income and examples

**STEP 3: *Attach the most recent Notice of Assessment from Revenue Canada for all household members (to obtain from Revenue Canada call 1-800-959-8281)***

**STEP 4: Sign the declaration and have the signatures witnessed**

**STEP 5: Return completed package by: \_\_\_\_\_**

***In person or by mail to***


Housing & Homelessness - Community Services & Social Development  
58 Dalhousie Street , PO Box 818  
Brantford, ON N3T 5R7

Or by Email: [housingapplications@brantford.ca](mailto:housingapplications@brantford.ca)

If you have any questions or need help with this package,  
please call 519-759-4150

**Failure to complete and return this package with all documents attached by deadline given could result in the loss of the unit / subsidy**

## DEFINITION OF INCOME

Income or Assets	Proof Required (for all Tenants not paying Full Market Rent)
<b>Employment</b>	
<ul style="list-style-type: none"> <li>• Full-time, part-time, casual, seasonal, overtime</li> <li>• Commissions, tips, bonuses</li> <li>• Illness and disability pay</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Pay stubs</b> (for at least two months) with identifiable information on them; <b>OR</b></li> <li>• Housing Services Department can provide you with an <b>“Employment Proof” form</b> (Schedule 1) for your employer to fill out</li> </ul>
<b>Self-Employment</b>	
<ul style="list-style-type: none"> <li>• Tutoring</li> <li>• Babysitting/Child Care</li> <li>• Taxi</li> <li>• Business</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Self-employed <i>less than one year</i>:               <ul style="list-style-type: none"> <li>- Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths.</li> </ul> </li> <li>• Self-employed <i>over one year</i>:               <ul style="list-style-type: none"> <li>- Financial statements prepared by a public accountant; or</li> <li>- Certified income tax return, and CCRA notice of assessment, from the previous year</li> </ul> </li> </ul>
<b>Pensions and Allowances</b>	
<ul style="list-style-type: none"> <li>• Old Age Security (OAS)</li> <li>• Canada/Provincial Pension - CPP, QPP</li> <li>• Pensions - Widow's, Retirement, War Disability, other Country</li> <li>• War Veteran's Allowance (DVA)</li> <li>• Training Allowances</li> </ul>	<ul style="list-style-type: none"> <li>• Cheque stubs or copy of cheque (OAS); or</li> <li>• Direct bank deposit               <ul style="list-style-type: none"> <li>- copy of pass book entries for previous 2 months or monthly bank statements; or</li> <li>- letter from government agency issuing cheque</li> </ul> </li> <li>• Statement from Canada Employment and Immigration or employer</li> </ul>
<b>Assets</b>	
<ul style="list-style-type: none"> <li>• Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities)</li> <li>• Registered Retirement Savings Plan (RRSP)</li> <li>• Real Estate (house, land, cottage)</li> <li>• Guaranteed Income</li> <li>• Certificates (GIC's)</li> <li>• Life Insurance (with a cash surrender value)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of RRSP Statement</li> <li>• Copy of Real Estate Appraisal(s)</li> <li>• Copy of Certificate(s)</li> <li>• Copy of Insurance Policy(ies)</li> <li>• Copy of T3 or T5 tax form</li> </ul> <div style="text-align: center; margin: 10px 0;">  </div> <p>Must complete "Proof of Assets" form (Schedule 2)</p>
<b>Support Income/Payments</b>	
<ul style="list-style-type: none"> <li>• Workplace Safety and Insurance Board (WSIB)</li> <li>• Employment Insurance (EI)</li> <li>• Compensation for Victims of Crime Act</li> <li>• Alimony, child support, separation</li> <li>• Ontario Student Assistance Program (OSAP)</li> </ul>	<ul style="list-style-type: none"> <li>• Cheque stub or letter from government agency</li> <li>• Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter from lawyer</li> <li>• Copy of assessment form and confirmation of other earnings</li> </ul>
<b>Social Assistance</b>	
<ul style="list-style-type: none"> <li>• Ontario Works (OW)</li> <li>• Ontario Disability Support Program (ODSP)</li> </ul>	<ul style="list-style-type: none"> <li>• Drug card and statement of assistance</li> </ul>



# Housing Services Department Income Declaration Form SENIOR & ADULT

Annual Renewal Date			Tenant Account Number				
MM	DD	YY					
			Property Code				

Home Address – Street Number and Street Name	Unit/Apt. No.	City	Postal Code	No. of Bedrooms

### Household Member # 1

### Household Member # 2

<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
First Name	First Name
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Insurance Number	Social Insurance Number
Date of Birth (MM/DD/YY)	Date of Birth (MM/DD/YY)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law
Home Phone Number	Home Phone Number
Business Phone Number	Business Phone Number
Family Doctor – Name & Phone	Family Doctor – Name & Phone

### CURRENT INCOME FROM ALL SOURCES

Please Attach proof for each source of income  
(refer to definitions on Page 2)

	Household Member No. 1	Household Member No. 2
	<i>Gross Monthly Amount</i>	<i>Gross Monthly Amount</i>
<b>Pensions and Allowance</b>		
Canada Pension Plan (CPP)		
Old Age Security (OAS)		
Amount of Tax Deducted		
<b>Social Assistance</b>		
Ontario Works		
Ontario Disability Support Program		
<b>Employment</b>		
Name of Employer:		
<b>Self Employment</b>		
Name of Business:		
<b>Assets (refer to page 2)</b>		
<b>Other Income</b>		

How many air conditioner(s)?    0    1    2    3    4  
(circle one of the above)

Have you transferred or given away any property, real estate, investments or other funds to relatives or friends:  
No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, when? Please provide details:

Are you under a removal order to leave Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you able to live independently without supports? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'no', please indicate supports in place:
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**Person to be contacted in case of emergency (Will only be contacted in emergency)**

Name	Address	City	Province	Postal Code
Home Phone No.	Business Phone No.	Relationship		

**Executor and/or Next-of-Kin (Will only be contacted in emergency)**

Same as above <input type="checkbox"/>	Executor <input type="checkbox"/>	Address	City	Province	Postal Code
Name	Next-of-Kin <input type="checkbox"/>				
Home Phone No.	Business Phone No.	Relationship			

**Friend in the Building**

Name	Unit Number of Friend	Telephone Number of Friend
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**Do You Own**

Freezer: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1"> <tr> <td>Pets</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>If yes, please specify type of pet, including number:</td> </tr> </table>	Pets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify type of pet, including number:		
Pets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify type of pet, including number:			
<table border="1"> <tr> <td>Vehicle</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Year:</td> <td>Model:</td> <td>Colour:</td> <td>Plate #:</td> </tr> </table>	Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Model:	Colour:	Plate #:
Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Model:	Colour:	Plate #:	

**Emergency Response List Update:**

Do you need assistance to leave your building in case of a fire or emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a cane, scooter, walker or wheelchair? <input type="checkbox"/> cane <input type="checkbox"/> scooter <input type="checkbox"/> walker <input type="checkbox"/> wheelchair
Do you have hearing problems that would prevent you from hearing the fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have visual problems that would stop you from leaving the building in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (i.e, oxygen) – Please describe:

**Change to Household Occupancy**

a) I) Has anyone moved into or out of your unit in the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes								
II) If the answer to the above is yes, please complete the following:								
<table border="1"> <tr> <td>Name</td> <td>Relationship to Household Member</td> <td>Date of move or new birth (MM/DD/YY)</td> <td>Moved in or out?</td> </tr> <tr> <td>Name</td> <td>Relationship to Household Member</td> <td>Date of move or new birth (MM/DD/YY)</td> <td>Moved in or out?</td> </tr> </table>	Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?	Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?
Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?					
Name	Relationship to Household Member	Date of move or new birth (MM/DD/YY)	Moved in or out?					
b) If anyone has moved into or out of your unit, have you notified the Housing Services Department of this household change? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give date:								

**DECLARATION**

**Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, I/We give consent and authorization to City of Brantford – Housing Services Department:**

1. To make inquiries to verify the information given in this form and I/We authorize any employer or income source agency (including Social Assistance and Employment Opportunities, Ontario Disability Support Plan, Old Age Security, Canada/Provincial Pension/other pensions, War Veteran’s Allowance and Training) having knowledge/possession of any such required information to release the information to City of Brantford, Housing Services Department. I agree to provide any supporting material required.
2. To disclose the information given on this form to non-profit housing corporations/co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and/or persons listed on this form.
3. I/We further consent to the information being exchanged with an Ontario Works delivery agent or the Ministry of Community and Social Services or any agency or any party in order to verify information for the purposes of determining my/our initial and ongoing eligibility for rent-geared-to-income assistance.
4. I/We understand that if I/We have any former arrears owing to any non-profit or co-operative housing provider and have not made acceptable payment arrangements or are not maintaining those arrangements, I/We will be deemed ineligible for Rent-geared-to-income assistance. I/We further consent to sharing of any former tenant arrears with non-profit housing corporations/co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing.
4. I/We further understand that I/We must advise City of Brantford, Housing Services Department of any changes in household composition and/or household income within 30 days of the change or I/We will lose my/our eligibility for rent-geared-to-income assistance.

**I/We make the following representations and warranties knowing that they will be relied upon by City of Brantford, Housing Services Department to assess my/our eligibility for continued rent-geared-to-income assistance and to establish my/our rent:**

1. I/We have read over the **Definitions of Income** and **Gross Household Income** set out in this form and I fully understand them.
2. The information given in this form regarding the occupants of the unit and the gross household income is accurate and complete.

<b>Household Member #1</b> Print Name:  Signature:	Date (MM/DD/YY)
<b>Household Member #2</b> Print Name:  Signature:	Date (MM/DD/YY)
<b>Witness</b> Print Name:  Signature:	Date (MM/DD/YY)

*Personal information contained on this form or in attachments is collected by or for City of Brantford, Housing Services Department pursuant to the Housing Services Act (HSA), 2011 and will be used to determine suitability and eligibility and on-going eligibility for rent-geared-to-income assistance, rent scale and rent geared-to-income charge. All personal information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). This may include the 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/applicant. The tenant consents to the verification, disclosure, sharing and transfer of information provided on this form and attachments by or to any of the above entities as necessary for the purposes of making decisions or verifying eligibility for assistance under the HSA 2011, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Day Nurseries Act.*



**Employment Verification  
(Schedule 1)**

**Housing Services Department**

To Be Completed by Each **EMPLOYED** Household Member age 16 and older, however:

***Completed "Employment Proof" form is NOT required if 8 consecutive weeks of pay stubs are provided.***

I hereby authorize that the information requested below be given to the Housing Services Department as required under the terms of the lease.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Employee –Last Name	First Name	Initial	Home Phone Number	Business Phone Number
Address – Street Number and Street Name		Apt. No.	City		Postal Code
Social Insurance No.		Employee signature		Date (MM/DD/YY)	

**To Be Completed by Employer – Please provide the information requested for the above named employee and return to the employee.**

Employer's Company Name		Employee's Position			
Address		City		Postal Code	
Business Phone No.	Employee Presently Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Rate / Per	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No	If hourly, average number of hours per week	Date Employment Commenced (MM/DD/YY)

Income Breakdown	Gross Earnings in the Past 8 Weeks		Gross Earnings in the Past Year	
	From	To	From	To
Base Salary				
Overtime and Premium Shift Bonus				
Cost of Living Allowance				
Commissions, Gratuities				
Yearly Bonus				
Other Benefits				
<b>Total Gross Earnings</b>				
Signature of Employer	Print Name		Date	
Position	Phone number		Date	

**Please copy or contact City of Brantford, Housing Services Department  
at 519-759-3330  
if additional forms are required**



Housing Services Department

**Verification of Assets  
(Schedule 2)**

***This form CAN be given to your bank to complete for proof of deposits, GICs, RRSPs, RIFFs, Mutual Funds, etc.  
Please note: Your financial institution may charge a fee for this service***

**Completed "Proof of Assets" form is NOT necessary if the following can be provided:**

- Copy of RRSP Statement(s), certificate(s), insurance policy(ies)
- Copies of T3's or T5's

It is the responsibility of the tenant to have this form completed by their financial institution and to ensure that it is returned to City of Brantford, Housing Services Department. If more than one form is required, please copy or contact Housing Services Department at 519-759-3330. This form is for Proof of Income Producing Assets listed below. If you have other types of income producing or non-income producing assets, please contact City of Brantford, Housing Services Department regarding proper proof.

I \_\_\_\_\_ and \_\_\_\_\_ residing  
at \_\_\_\_\_ hereby authorize that \_\_\_\_\_ provide  
(name of financial institution)

the information requested below be given to City of Brantford, Housing Services Department as required under the terms of my lease.

Household Member #1 Signature	Date (MM/DD/YY)	Household Member #2 Signature	Date (MM/DD/YY)

**To Whom It May Concern:**

Tenants' rents are calculated based on their gross monthly income. Please provide all available information as requested for the household member(s) named above. All information is 'Confidential'.

Saving/Chequing Accounts			
Account No.	Balance (\$)	Current Interest Rate(%)	Interest Earned Past 12 Months (\$)

Direct Deposits Made to Above Account(s) (List details below)					
Source	Amount	Monthly/Weekly	Source	Amount	Monthly/Weekly

Term Deposits, Investment Certificates, etc.			
Security	Value (\$)	Current Interest Rate (%)	Interest Earned Past 12 Months (\$)

Registered Retirement Savings Plans (R.R.S.P.'s)		
Account No.	Value (\$)	Type of R.R.S.P.

**Financial Institution Seal or Stamp:**

Name of Financial Institution			
Address			
Authorized Signature			
Position		Phone No.	
Date			
MM	DD	YY	

***Completed "Verification of Assets" form is not necessary if copies of bank passbook(s) for the last two months for bank accounts are submitted***