

Social Housing Registry Program
362 Montreal Street
Kingston, ON
K7K 3H5



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Housing Department
Community Services Group, City of Kingston

**Housing Application Form -- Part B
Income and Asset Information**

The information obtained under Part B of the Housing Application Form will be verified and will be used to calculate your geared-to-income rent in subsidized housing. You must report any changes to the information provided in your documents within 10 business days.

**Office Hours: 8:30 a.m. to 4:30 p.m. Monday, Wednesday, Thursday, & Friday
8:30 a.m. to 5:30 p.m. Tuesday**

How to complete Part B of the Housing Application Form:

1. Please read the definitions before completing the Income and Assets sections
2. Please list all members of your household who will be living with you and indicate total annual household income of each member
3. Each applicant/member of the household, 16 years of age and older, who is a full-time student must provide proof of full-time attendance at school
4. The Housing Application Form Part B must be signed by the applicant and each member of the household 16 years of age and over, or a person authorized in writing on their behalf.
5. Each member of your household earning income and/or having personal assets must complete an individual Income and Asset Information Section (IAIS) depending on the source of income and the type of assets
6. Each applicant/member of the household who owns residential property must attach an "Agreement to Sell Residential Property" form available from The Registry.

Please note: Preferred method of income verification in all cases would be to provide income verification based on the most recent **Income Tax Return Form or Income Tax Assessment** provided by Revenue Canada

- A. Each applicant/member of the household with **INCOME-PRODUCING ASSETS** must complete **SECTION A** of the IAIS and attach the **Verification of Assets Form** indicating all bank accounts and their balance.
- B. Each applicant/member of the household with **NON-INCOME PRODUCING ASSETS** must complete **SECTION B** of the IAIS and indicate the types of assets and value and supply **verification of each asset e.g. insurance policy, tax return, valuation of property, bank statement, etc.**
- C. Each **EMPLOYED** applicant/member of the household must complete **SECTION C** of the IAIS and attach the **Employment Verification Form** (available from The Registry) indicating the name of employer (s), address, the name of contact person, the date employment commenced, and hourly rate/or salary
- D. Each applicant/member of the household with **SOCIAL ASSISTANCE INCOME** must complete **SECTION D** of the IAIS and attach:
FOR ONTARIO WORKS (OW) RECIPIENTS: a copy of the **Social Assistance/Geared to Income Verification Form** signed under PART ONE of that form (**form available at the Social Housing Registry Program**); and
FOR ONTARIO DISABILITY SUPPORT PROGRAM (ODSP) RECIPIENTS: a current copy of the **Statement of Social Assistance and Drug Card**.
- E. Each **SELF-EMPLOYED** applicant/member of the household must complete **SECTION E** of the IAIS and attach a copy of an **Income Statement** from an Accountant or a Self-Employment declaration form (available from The Registry). If you just started your business, please complete a **Self-Employment declaration form** available from The Registry. After one year of operation you will be required to provide a copy of the Revenue Canada Notice of Assessment and/or photocopy of the working copy of the Income Tax Return
- F. Each applicant/member of the household in receipt of **EMPLOYMENT INSURANCE BENEFITS** must complete **SECTION F** of the IAIS and attach a current copy of **Employment Insurance statement**
- G. Each applicant/member of the household in receipt of **PENSION** must complete **SECTION G** of the IAIS and provide verification of pension amounts – **Old Age Security, Canada/Quebec Pension, Guaranteed Income Supplement** etc. If cheque(s) are received a **photocopy of cheque** is required. For direct deposit we require copies of **bank books** indicating deposit amounts or **Verification of Assets Form** completed by bank official or a **bank machine printout** which verifies the amount of direct deposits.
- H. Each **STUDENT** in full-time attendance at a recognized post secondary educational institution must complete **SECTION H** of the IAIS and provide **verification (i.e. letter or receipt from Institution) showing status in a recognized educational institution** and verification copy of **OSAP, Bursary and/or Scholarship** or any other income.
- I. Each applicant/member of the household must complete **SECTION I** of the IAIS to include any **ADDITIONAL INCOME** (for example, **tips, gratuities, etc.**) and attach the most recent copy of the Revenue Canada Income Tax Return

If you need help completing Part B of the Application Form, please contact this office at the above address or phone number.

APPLICATION FORM PART B: HOUSEHOLD INCOME AND ASSET INFORMATION

Income means all income, benefits, and gains, of every kind from every source including but not limited to: gross salary, overtime payments, commissions, personal salary or benefits of self-employment, employment insurance, worker’s compensation, pensions, annuities, inheritance, social assistance (Ontario Works Benefits and ODSP), alimony/support payments, interest income from savings accounts, interest from investments, term deposits, grants, scholarships, etc. (for a complete listing, contact the Registry)

Assets are valuable things that you own. Assets that give you income are **income-producing assets**, for example real estate or farm property which you rent to someone, a license which gives you income (e.g. taxi license), business, and investments. There are different types of income-producing investments: bank accounts, accounts in trust company or credit union, annuities.
Assets that do not give you income are defined as **non-income producing assets**, for example life insurance, Registered Retirement Saving Plan (RRSP), real estate which does not give you income such as a house, condominium, summer cottage, farm land.

Household information:

1. Please list all members of household who will be living with you starting with YOURSELF:

Name	Date of Birth (M/D/Y)	Male /Female	Relationship	Social Insurance Number
Your Name			SELF	

Address you are moving to:	Street Number _____ Street Name _____ Apt/Unit Number _____
	City _____
	Housing Provider Name _____

2. Is anyone in your household a full-time student over 16 years of age attending a recognized educational institution?

Yes No

If yes, please attach verifying documents including: Educational Institution, Start Date.
 (Example: Report card, timetable, letter from school)

Income and Asset Information Section (IAIS):

Income Verification is required (See front of application for details)

This section of Part B of the Housing Application Form must be completed by all household members with income and assets. Additional sheets are available for all members of your household with income and assets from The Registry or from our website at www.socialhousingregistry.ca

1. Please print your name

Last Name:	First name:	Social Insurance Number
Home Phone Number: ()	Business Phone number: ()	Fax number: ()

2. Do you make monthly support payments? Yes No If yes, you must attach a copy of the Court Order and verification that the payments are being made regularly (i.e. cancelled cheques or bank statement).

3. Have you transferred any assets within the last 36 months (3 years)? Example house, cottage, farm, Land, mobile home, savings accounts, or money received from the sale of assets (property) etc.
Yes No

If YES, please provide details as follows:

What: _____

To Whom: _____

When: _____ Value: \$ _____

4. Your personal assets – If you own property – (i.e. house, cottage, farm, land, mobile house, etc.) Have you signed a Standard “Agreement to Sell Your Residential Property”?
Yes No

Section	Assets	Type of Assets	Value, \$
Section A	Income Producing Assets <input type="checkbox"/> Verification Form attached - (form available at The Registry) (See section A on front of the Application form for details)	<input type="checkbox"/> All savings accounts, balance in \$	
		<input type="checkbox"/> Other accounts, balance in \$	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
Section B	Non-Income Producing Assets <input type="checkbox"/> Verification Form attached - (form available at The Registry) (Please indicate all your assets) (See section B on front of the Application form for details)	<input type="checkbox"/> Life Insurance, value in \$	
		<input type="checkbox"/> Real Estate, value in \$	
		<input type="checkbox"/> RRSP (locked) , value in \$	
		<input type="checkbox"/> Other, Value in \$	
		<input type="checkbox"/> Other, Value in \$	
		<input type="checkbox"/> Other, Value in \$	

TOTAL:

5. Your personal current income of all sources:

Section	Source of Income	Type of income	Gross monthly dollar amount \$
Section C	Employment <input type="checkbox"/> Employment Verification Form signed by your Employer attached (available from The Registry) (See section C on front of the Application form for details)	<u>Company Name/Employer</u>	
		<u>Company Name/Employer</u>	
		<u>Company Name/Employer</u>	
		<u>Company Name/Employer</u>	
		<u>Company Name/Employer</u>	

Name:		D.O.B	
Section D	Social Assistance <input type="checkbox"/> Social Assistance Verification Form attached (available from The Registry) (See section D on front of the Application form for details)	<input type="checkbox"/> Ontario Works	
		<input type="checkbox"/> Ontario Disability Support Payments	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
Section E	Self-employment <input type="checkbox"/> Copies for Verification attached (Form available from The Registry) (See section E on front of the Application form for details)	Type of Business: _____	
		Type of Business: _____	
		Type Of Business _____	
Section F	Employment Insurance <input type="checkbox"/> Copies for Verification attached (See section F on the front of the Application form for details)	Employment Insurance	
Section G	Pension and Allowances <input type="checkbox"/> Copies for Verification attached (Form available from The Registry) (See section G on front of the Application form for details)	<input type="checkbox"/> Old Age Security	
		<input type="checkbox"/> Guaranteed Annual Income Supplement	
		<input type="checkbox"/> Canada Pension Plan/ Quebec Pension	
		<input type="checkbox"/> Other Pension	
		<input type="checkbox"/> Other Pension	
		<input type="checkbox"/> Other Pension	
Section H	Students <input type="checkbox"/> (Copies for Verification attached (if available)) (See section H on front of this application form for details)	<input type="checkbox"/> OSAP Grant	\$ _____
		<input type="checkbox"/> Loan	\$ _____
		<input type="checkbox"/> Bursary	\$ _____
		<input type="checkbox"/> Scholarship	\$ _____
		<input type="checkbox"/> Other	\$ _____
		<input type="checkbox"/> Other	\$ _____
		<input type="checkbox"/> Other	\$ _____
Section I	Additional Income <input type="checkbox"/> (Copies for Verification attached (if available)) (See section I on front of the Application form for details)	<input type="checkbox"/> Tips (Commissions, tips, gratitude's, vacation pay)	
		<input type="checkbox"/> Support	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	

Declaration and Consent

Personal information contained in this form or in attachments is collected by the Social Housing Registry Program I declare that all information given in this application is correct and complete.

The application and any supporting documents become the property of the Social Housing Registry Program and copies of the application and supporting documents may be given to housing providers that I have selected for placement in locations where I prefer to live.

I agree to provide any supporting material as may be required.

I understand that if accommodation is provided to me the unit will be occupied by me and the persons listed on this application.

I understand I must report any changes to my documents within 10 business days of those changes occurring.

Personal information as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses, and phone numbers, collected by the Social Housing Registry Program, pursuant to the *Housing Services Act, 2011*, will be used to determine eligibility for housing applied for, placement on the waiting list and to determine your housing rent subsidy.

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give my consent:

- To verify information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Social Housing Registry Program;
- To verify any supporting documents as required for my application;
- To disclose the information given on this form to non-profit housing corporations, co-operatives, the Social Housing Services Corporation and other service managers in the province participating in the Provincial Former Tenant Arrears database, municipal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m.56).

Questions about this collection should be directed to the Manager, the Social Housing Registry Program, 362 Montreal Street, Kingston, ON K7K 3H5

The Application and consent must be signed by the applicant and each member of the household who are 16 years of age or older, or a person authorized, in writing, on the member's behalf

Date (month/day/year) _____

Applicant _____ Household member _____
SIGNATURE SIGNATURE

Household member _____ Household member _____
SIGNATURE SIGNATURE

Household member _____ Household member _____
SIGNATURE SIGNATURE

