Toronto Community Housing

You can use this form to report on your employment for your Household Income and Assets review.
If you need more forms or more information, please call 416-981-5500.

Proof of Employment Form

About the Employee – The EMPLOYEE completes this section.

Employee last name:	Employee first name:		
Address:		Unit:	Postal code:
Daytime phone number:	Evening phone number:	Social Insurance Number:	

Has there been any change(s) in employment sources since your last rent review? (ie. employment insurance, change of employer etc) ☐ yes ☐ no

Please include verification of any changes.

By signing below, I authorize my employer to give the information requested below to Toronto Community Housing Corporation (TCHC), as required under the *Social Housing Reform Act, 2000*.

X _____ _____

Employee Signature Date

Information about Employment – The EMPLOYER completes this section.

Employee's position:	Company Name:	
Company Address:	City:	Postal Code:
The employee is being paid: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly	Rate of pay: $	If hourly, what is the average number of hours per week?
Is the employment seasonal/fluctuating? ☐ yes ☐ no	Date employment started:	

Income Breakdown	Gross Earnings in Past 3 months		Gross Earnings in Past Year		This column for TCHC use
	From: (mm/dd/yy)	**To:** (mm/dd/yy)	**From:** (mm/dd/yy)	**To:** (mm/dd/yy)	
Basic salary					
Overtime, premiums, shift bonuses					
Commissions, tips, gratuities					
Yearly bonus					
Other payments					
Total Gross Earnings					

What was the last rate of increase and when was it from?

Old Rate: New Rate: Effective Date of New Rate:

Name of person completing this form on behalf of the Employer:

Position:	Phone number:

X _____ _____

Employer Signature Date

For TCHC use	Received by:	Date received: