



Telephone: 416-981-5500

## Household Income and Assets Review Form

Household Member Names:	Address:	Number of Bedrooms:
	Client Account Number:	Daytime phone number:
	Review date:	Evening phone number:
<b>Please Return this form to the Operating Unit Office</b>		

**Household Information (Please Print)**

Complete the information below for all members of your household. If someone has moved out and does not live with you anymore, add their name, then cross off their name and write the date they moved out. If someone has moved in since you last reported your income, add their name, write the date when they moved in, and put in all their information. Use extra paper if you need to.

Household Members:	Relationship to Member 1	Date of Birth mm/dd/yyyy	Male or Female M/F	Check box if you are a student	Social Insurance Number (SIN) and Citizenship in Canada
	(SELF)			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SIN: Citizenship:

**Has the citizenship or immigration status (Status in Canada) changed for any household member during the past 12 months?**  Yes  No

**If yes, please explain. Attach copy of documentation showing proof of status from Immigration Canada.**

Do you understand English?  Yes  No      If not, please tell us what language you speak? \_\_\_\_\_

**FOR OFFICE USE - Do not write here.**

Annual Review Received On:	Required documents: <input type="checkbox"/> Yes <input type="checkbox"/> No	File audit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No	Overhoused: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Sources of Income and Assets

Please indicate the income and assets for each member of your household. Add extra paper if you need to. You must attach proof of your income and assets. Use the guide called “How to Show Proof of Your Household Income and Assets” to find out what kind of documents to attach.

**Income:** Report all gross income of every kind and from every source. ‘Gross’ means the total amount of income before deductions – such as taxes – are taken off. Report any benefits you receive, such as a pension plan or government support program.

**Assets:** An asset is something you own that could grow in value, such as money invested in things like Guaranteed Investment Certificates (GICs), stocks, or mutual funds. An asset could also be property you own, such as a house, condominium, taxi plates, or precious items, such as antiques or paintings, that you are keeping as an investment.

Note: Full Time students who meet the definition of “child of the household” (below) DO NOT have to report income.

Child of the household: is someone who has always lived at home except for short periods while in full-time attendance at school, never had a spouse or same-sex partner and is not a parent of a child living in the household.

Household Member Name	INCOME LAST REPORTED		Please give the amount you are earning NOW.
	Source of Income	Gross Monthly Amount	Gross Monthly Amount

Household Member Name	ASSETS LAST REPORTED			Please give the value of your assets NOW.	
	Asset	Amount	Monthly Interest	Amount	Monthly Interest

# How to sign your Household Income and Assets Review form

Everyone in your household who is 16 or older must sign these statements.

There are three places where each person must sign:

- *Part A: I declare that my Household Income and Assets Review is complete and correct.*
- *Part B: I consent to Canada Revenue Agency sharing information from my tax return with TCHC.*
- *Part C: I consent to TCHC collecting, using and sharing information about me and my household.*

A witness must sign each statement at the bottom. The witness cannot be a member of your household. A friend or neighbour can be your witness.

## Part A: I declare that my Household Income and Assets Review is complete and correct.

By signing this statement, you swear that the information you have given on your Household Income and Assets Review form is complete and correct. You are also swearing that you understand the following:

1. I understand the meanings given for 'gross income' and 'assets' on page 2. I have reported my gross income and assets completely and correctly. I have hidden nothing.
2. I understand that the Toronto Community Housing Corporation (TCHC) will use the information on my Household Income and Assets Review form to:
  - decide if my household still qualifies for rent subsidy and
  - set the rent.
3. I understand that TCHC will check the information I have given to make sure it is complete and correct. I consent to TCHC using the information to decide on and administer our rent subsidy.
4. I understand that I could lose my rent subsidy if I do not give TCHC complete and correct information by the date stated on page 1. TCHC could also take legal action against me.
5. Every member of my household age 16 or older has completed and signed this form. We have all had a chance to comment on the information given. I therefore waive my right to further comment.
6. I understand that I must report any changes to my household size, income, or assets within 30 days of the change and that I could lose all of my RGI subsidy if I do not.
7. I understand that my household can lose its subsidy if all members of the household are absent from my unit for a longer period of time than permitted under the City of Toronto's Local Eligibility Rule – Absence from Unit.
8. I understand that TCHC will keep a file of the information about my income, assets, and rent subsidy. I also understand that the *Housing Services Act, 2011* gives TCHC the right to share this information with others, such as the City of Toronto, other housing providers, service managers, government ministries, Ontario Works, and the Ontario Disability Support Program.

**Signature of all household members age 16 and older**

X		X
X		X
X		X
X		X
X		X

X		X
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**Witness Signature**

**Date Month/Day/Year**

**Part B: I consent to Canada Revenue Agency sharing information from my tax return with TCHC.**

I give my consent for Canada Revenue Agency to give information from my tax returns to TCHC so they can check my income and decide on my rent subsidy.

I understand that TCHC will not share this information with anyone else, except as it is allowed to under the following laws:

- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Housing Services Act, 2011 (HSA)
- Income Tax Act, subsection 241(5).

My consent covers the tax year before the date below, the current tax year, and all future tax years if my household still receives or applies for RGI subsidy.

**Signature of all household members age 16 and older**

X	X
X	X
X	X
X	X

X	X
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**Witness Signature**

**Date Month/Day/Year**

**Part C: I consent to TCHC collecting, using, and sharing information about me and my household.**

I understand that the Toronto Community Housing Corporation (TCHC) collects information from me on my Household Income and Assets Review form to:

- decide if my household still qualifies for rent subsidy
- set the rent
- administer my rent subsidy.

TCHC has the authority to collect this information under the Housing Services Act, 2011. I understand that I cannot get RGI subsidy unless I sign this consent form.

I understand that TCHC will keep files on my tenancy and housing subsidy. I consent to TCHC collecting and sharing information about me from and with:

- |                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• landlords</li> <li>• co-applicants and other household members</li> <li>• reference people listed in my application</li> <li>• credit check agencies ie. Equifax</li> </ul> | <ul style="list-style-type: none"> <li>• my employer</li> <li>• any agencies that provide social services to me</li> <li>• any other people it needs to contact while administering my rent subsidy.</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Signature of all household members age 16 and older**

X	X
X	X
X	X
X	X

X	X
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**Witness Signature**

**Date Month/Day/Year**

**Do you have questions about your file?**

If you have questions about access to the information in your files, contact MFIPPA (Municipal Freedom of Information and Protection of Privacy Act) Co-ordinator at TCHC:  
 931 Yonge Street, 7th Floor, Toronto Ontario M4W 2H2 Phone: 416-981-5500