



NPTBDC Indigenous Housing

Charitable Organization, Business No. 10776 5075 RR0001

New Location: Unit 201 – 106 Cumberland St. N.
Thunder Bay, ON, P7A 4M2
Tel: 807-343-9401 | Fax: 807-345-1075
Website: www.nptbdc.org

HOUSEHOLD COMPOSITION AND INCOME DECLARATION FORM ANNUAL INCOME REVIEW

Instructions for completing this Form:

1. Please read through all the pages before completing it, including the definition of income and examples.
2. Every household member who is eighteen (18) years of age and older must complete and sign the last page of this form (Declaration and Consent).
3. As a requirement of your Lease Agreement you must provide our office with proof of tenant insurance on an annual basis. Failure to provide proof of insurance could jeopardize your tenancy.
4. **ALL SOURCES OF INCOME MUST BE REPORTED FOR ALL MEMBERS OF THE HOUSEHOLD who is eighteen (18) years of age and older and not attending school full time.**
5. **a)** Each tenant is required to provide a copy of your most recent income tax return filed with Canada Revenue Agency (CRA) Tax Summary, Notice of Assessment, or Proof of Income Statement, including copies of all T3, T4, T4A, T5 slips, etc. This is in addition to verification copies of your most recent income which you will be providing.
- b)** Each employed tenant of the household must provide your most recent cheque stubs for eight (8) consecutive weeks of employment.
- c)** Each tenant of the household in receipt of Social Assistance (Ontario Works or ODSP) must provide us with a copy of their most recent monthly cheque stub.
- d)** Each self-employed tenant of the household must provide confirmation of current income with a completed T2125 Form along with bank statements for six (6) consecutive months showing incoming payments from clients or sales.
- e)** Each tenant or household member eighteen (18) years of age or older and attending school full-time must provide proof.
- f)** All other forms of income must be supported by documents for verification purposes including income-producing or non-income producing assets.

NPTBDC Indigenous Housing (*previously Native People of Thunder Bay Development Corporation and known as “the Corporation”*) is committed to collecting, using, and disclosing your personal information responsibly. We understand the importance of protecting your personal information. We also try to be as open and understandable as possible about the way we handle your personal information.

Personal information may be disclosed to the Corporation, municipal/provincial and federal departments and agencies that assist in the provision of affordable housing, other non-profit housing corporations and to social agencies and government agencies providing social assistance to the tenant. The personal information contained on this form or in attachments is collected by or for the Corporation pursuant to the Housing Services Act (HSA), 2011 and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-geared-to-income charge.

All Staff, Board Members and Directors of the Corporation who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. The Corporation takes all necessary steps to ensure that the information on this form falls under our privacy protocols and complies with privacy legislation and standards regarding the Social Housing Reform Act. Nothing in this form is intended to infringe upon the rights guaranteed in the Ontario Human Rights Code.

The tenant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any/all required supporting materials as per your lease.

Definitions:

“Overhoused” is defined as: households occupy more bedrooms than they are entitled to in accordance with the Corporation’s and the City of Thunder Bay’s Occupancy Standards for Dwelling Units.

“Personal Information” For the purposes of this Household and Income Declaration Review Form, personal information is defined as any factual or subjective information about you, the tenant household, including but not limited to: name, age, ID numbers, Ethnic origin, income, credit records, loan records, medical records, and opinions, evaluations, comments, and disciplinary actions made by the Corporation about you.

“Spouse” means two persons who: 1) are married to one another or who represent that they are married to one another, or 2) not being married to one another evidence an intention to cohabit in a relationship of permanence or represent that they intend to do so.

“Family Gross Income” means the total income of: 1) the tenant and every person residing in the leased premises; 2) every tenant on the lease temporarily residing elsewhere.

“Income” means all income, benefits, and gains, of every kind and from every source reported on line 15000 of the Canada Revenue Agency Notice of Assessment for the relevant tax year, and includes, but is not limited to the following:

- gross salaries, wages, overtime payments, commissions, bonuses, tips, or gratuities;
- grants, scholarships, or bursary payments;
- the gross annual income from any form of self-employment, including an owned business, less itemized business deductions as allowed by Revenue Canada, plus any capital cost allowance used as a deduction;
- the gross amount of employment insurance benefits;
- the gross amount of workplace safety and insurance payments or other industrial accident insurance payments made because of illness or disability;
- the gross amount of any old age security (OAS), Canada Pension Plan (CPP), federal guaranteed income supplement (GAINS), spouse’s allowance, or financial assistance under the Ontario Disability Support Program (ODSP) or its predecessor;
- the gross amount of every kind of pension, allowance, benefit, or annuity, whether from a federal, provincial, or municipal government of Canada or any level of government of any other state or country, or from any other source;
- the gross amount of alimony, separation, maintenance, child or spousal support payments;
- the gross amount from investments, and includes, but is not limited to dividends, stocks, shares or other securities, and where the actual income cannot be determined, an imputed rate of return, as determined by the Landlord from time to time;
- the gross interest income from savings or chequing accounts in any bank, trust company, credit union or other financial institution;
- the gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains or lump sum payments or other assets;
- an assigned income equal to the total appraised value of all assets or investments which do not produce interest income but are intended to appreciate or are given away, all of which must be declared by the Tenant, multiplied by an imputed rate of return, as determined by the Landlord from time to time.

HOUSEHOLD COMPOSITION AND INCOME DECLARATION

RENTAL ADDRESS: (include Apt #)	Postal Code:	# of Bedrooms:
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TENANT 1 - FIRST & LAST NAME (Primary)		Social Insurance #:
Gender	DOB (MM/DD/YYYY):	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er		Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	Email:	

TENANT 2 - FIRST & LAST NAME (Co-Tenant)		Relationship to Tenant 1:
Gender	DOB (MM/DD/YYYY):	Social Insurance #:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er		Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	Email:	

	TENANT 1	TENANT 2
INCOME SOURCE **	Monthly Amount	Monthly Amount
Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Name of Employer:		
Employment Insurance		
Self-Employment		
Social Assistance: <input type="checkbox"/> Ontario Works <input type="checkbox"/> ODSP		
CPP/OAS/Other Pension Plan		
OSAP		
Child Support and/or Alimony		
Other, please specify:		
TOTAL MONTHLY INCOME:	\$	\$

VERIFICATION OF ALL/ANY INCOME SOURCES MUST BE PROVIDED.

Other Income / Income-Producing Assets / Non-Income Producing Assets **

(Investments – RRSPs, GICs, RIFs, bonds, term deposits; Educational Funding - including but not limited to student grants, bursaries, scholarships; Inheritances, bank accounts, earned income, real estate, paid-up life insurance, etc.)

TENANT 1		TENANT 2	
Type	Value	Type	Value

Have you transferred or given away any property, real estate, investments, or other funds to relatives or to friends?

Yes No If yes, When and How Much (total value)? _____

LIST ALL OTHER HOUSEHOLD MEMBERS AND/OR DEPENDENTS LIVING IN PREMISES:

NAME (First & Last)	Date of Birth			Relationship to Tenant (son, niece, etc.)	Sex: M/F	Aboriginal? Yes/No	Source(s) of Income or Attending School (School full time)	Monthly Income Amount
	MM	DD	YY					

Is a baby expected? NO YES If 'YES', please include date expected ____ / ____ / ____ (DD/MM/YY)

- 1) i) **Has anyone moved out of your unit in the last 12 months?** Yes No
 ii) If the answer to the above is 'Yes', please complete the following:

Name	Date of Move (MM/DD/YYYY):	Relationship to Tenant

iii) If anyone has moved out of your unit within the last 12 months, have you notified the Tenant Coordinator of Native People of Thunder Bay Development Corporation office of this household change? Yes No
 If 'Yes', specify date: _____

- 2) i) **Has anyone moved into your unit in the last 12 months?** Yes No
 ii) If your answer to the above is 'Yes', please complete the following:

Name	Date of Move (MM/DD/YYYY):	Relationship to Tenant

iii) If anyone has moved into your unit within the last 12 months, have you notified the Tenant Coordinator of Native People of Thunder Bay Development Corporation of this household change? Yes No
 If 'Yes', specify date: _____

REMINDER: If a member of your household moves out from your rental unit, you are obliged to report, in writing, the change in household members within thirty (30) calendar days from the date that the member(s) of the household moved out of the unit. A change in the number of household members can result in either an Overhoused or Underhoused situation which may affect your eligibility for the current housing unit or monthly rent charge.

Overhoused situations where Tenants refuse the appropriate number of offers to relocate or transfer, within the timeframe given per program, will be served with a Notice of Termination from the Landlord and Tenant Board under the appropriate section of the Residential Tenancies Act and Housing Services Act, 2011.

DECLARATION, RELEASE AND CONSENT TO INFORMATION

I give my consent and authorization to NPTBDC Indigenous Housing Program (previously the Native People of Thunder Bay Development Corporation and known as "the Corporation") for the collection, use, and disclosure of the personal information contained on this form or in attachments collected as required or permitted by law, for the purposes stated here:

- To the Corporation's auditor, in verification of our financial records.
- To Federal, Provincial or Municipal agencies for audit purposes.
- To any social agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act, or any government department responsible for social housing programs under the Social Housing Reform Act, or NPTBDC Indigenous Housing Program portfolio operating agreement.
- To any legal agency, legal representative or Children Aid Agencies that is acting on your behalf regarding tenancy with the Corporation.
- To the Government of Canada, a Department, Ministry or Agency of it, without further notice to you, if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act.
- To any agent working on behalf of the Corporation for the purposes of complying with the Social Housing Reform Act.
- To relevant agencies or next of kin in case of emergency.
- To other Non-Profit housing providers, emergency shelters and third-party agency or individual, that are acting on your behalf in order to secure tenancy with the Corporation, or in connection with medical, or disability needs for assisted housing.
- To credit bureaus, other businesses, individuals, financial institutions, and non-profit housing agencies that provide credit or rental history information about you.
- To third parties in connection with the potential or actual sale, reorganization, merger, consolidation, or disposition of the business of NPTBDC Indigenous Housing Program.
- To determine continued eligibility for rent-geared-to-income housing subsidy, the size and type of unit eligible for, and the amount of geared-to-income rent.

I declare that I have read the definitions of income sources and net/gross family income set out in this form, and I fully understand them.

I declare that all information given in this form is complete, legal, and accurate and understand that providing false or misleading information will result in the termination of my tenancy with NPTBDC Indigenous Housing Program.

I understand that it is my responsibility to inform the Tenant Coordinator of the Corporation of any changes in information within thirty (30) days of the change.

I agree to provide any supporting information or documentation requested by the Corporation which may be required.

_____ Tenant Name (PRINT)	_____ Signature	_____ Date
_____ Co-Tenant Name (PRINT)	_____ Signature	_____ Date
_____ Other Household Member Name (PRINT)	_____ Signature	_____ Date
_____ Other Household Member Name (PRINT)	_____ Signature	_____ Date