



**PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL**  
3023 Parkerhill Road, Box 100, Mississauga, ON L5B 4B3  
T: 905.272.2285 | F: 905.272.1818 | E: info@pathwayhousing.ca | W: pathwayhousing.ca

## **Annual Income Verification for Tenants Requests**

(from all possible sources)

- ☐ Annual Household Income and Assets Review questionnaire
- ☐ Copy of all bank transaction statements for past 3 months for all held accounts
- ☐ Copy of past 3 months pay stubs
- ☐ Most current ODSP/OW benefit statement, including drug card
- ☐ Letter from Service Canada to confirm pension monthly gross amount
- ☐ E. I. /or CERB benefits statements
- ☐ Proof of child support
- ☐ OSAP letter (if attending school fulltime)
- ☐ A letter or timetable from your child's school to confirm full time attendance  
(if your child is 16 yrs or older)
- ☐ Copy of your last years' Notice of tax Assessment





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## HOUSEHOLD INCOME AND ASSETS REVIEW

**Instructions:** Please complete all Sections of the Form, attach all supporting documents and return to Pathway Office

First Name (s):	Last Name		
Address - Street Number and Street Name	Unit/Apt. No.	City:	Postal Code:
Daytime Phone Number	Alternate Phone Number		Bedroom Size:

### Household Members - Please list all of the people who live with you

First Name	Last Name	Relationship to You	Date of Birth Day Month Year	Sex M/F	Social Insurance Number
		Self			

### Household Members Attending School

Are any members of your household attending School Full Time?      Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>
If yes, please indicate which Household Member(s): _____
**Please attach proof of full time attendance for individuals 18 years old and over.

### Emergency Contact Person

Please indicate who we may contact in case of an emergency		
1. Name:	1. Phone Number:	Relationship:
1. Name:	1. Phone Number:	Relationship:



## **Income Verification**

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

1. Please answer YES or NO to indicate if you or any other household member are receiving any income from the sources listed below or **ANY OTHER SOURCE**. Please attach an additional sheet of paper if required.
2. Indicate the name of the household member receiving the income and a contact name as requested below.
3. Indicate the GROSS (before deductions) monthly income from that source.

**ATTACH ALL SUPPORTING DOCUMENTATION FOR ALL YOUR HOUSEHOLD INCOME SOURCES.**

<b>Income Source - Answer Yes or No</b>	<b>Name of Person Receiving Income</b>	<b>Contacts</b>	<b>Gross Monthly Income</b>
<b>Employment Income *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>* Please indicate employer name and phone number</b>		Employer:  Phone:	
<b>Ontario Works Benefits*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>* Please indicate worker's name</b>		Contact Person:  Phone:	
<b>Ontario Disability Support Program*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>* Please indicate worker's name</b>		Contact Person:  Phone:	
<b>Employment Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Support/Alimony Payments</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Workers' Compensation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Disability Pension</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Canada Pension Plan (CPP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Old Age Pension (OAP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Guaranteed Annual</b> <b>Income Supplement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Company Pension</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>OSAP (Loan or Grant)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Foreign Pension</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>Annuities</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person:  Phone:	
<b>RRIF income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact: Phone:	
<b>ANY other income not listed above*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>i.e. tips, bonuses, etc.</b> <b>*Please indicate Income Source</b>		Contact Person:  Phone:	



## Asset Verification

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

1. Please answer YES or NO to indicate if you or any other household member owns or is the part owner of any asset(s). Attach an additional sheet of paper if required.
2. Indicate the name of the household member who owns the asset.
3. Indicate the current VALUE or BALANCE of the asset(s).

If you are unsure about what may be an asset, please contact the property administrator at (905)272-2285.

Type of Asset - Answer Yes or No	Name of Person who owns the Asset	Value/Balance in Dollars
<b>Bank Account(s) *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No * Please Indicate Bank name and Account number(s)	Name:  Bank:                      Account #: Name:  Bank:                      Account #:	
<b>RRSPs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>GICs/GSDs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mutual Funds</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Stocks and Bonds</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Investments</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Real Estate (House, Land)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Art, Antiques, Valuables</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Taxi or Business License</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Any ssets held in trust</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Any other assets not listed above</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		



## Authorization

**I make the following representations and warranties knowing that they will be relied upon by to assess my qualifications for continued rent subsidy and to establish my rent:**

1. I have read over the Definitions of Income and Gross Family Income set out in this form and I fully understand them.
2. The information given in this form as to the occupants of the unit and the gross family income is accurate and complete. No household assets or income have been concealed or omitted from this application.
3. I authorize Pathway Non-Profit Community Developments Inc. in Peel (Pathway) to make any inquiries that it deems necessary to verify the information given in this form. I agree to provide the supporting material that Pathway requires. I authorize any persons, corporation or any social agency having knowledge of any required information to release such information to and authorize Pathway to provide the information set out in this form to any social agency providing any form of assistance to me.
4. I agree to provide any supporting material required by Pathway to complete this Annual Review. The application and all supporting documents provided become the property of Pathway.
5. I understand that failure to supply the landlord with accurate and complete information herein by the date specified disqualifies me/us for tenancy and may result in the termination of my/our tenancy and/or subsidy or other legal action. Application must be witnessed

<u>X</u> Signature Resident # 1	<u>X</u> Witness's Signature	_____ Date
<u>X</u> Signature Resident # 2	<u>X</u> Witness's Signature	_____ Date
<u>X</u> Signature Resident # 3	<u>X</u> Witness's Signature	_____ Date
<u>X</u> Signature Resident # 4	<u>X</u> Witness's Signature	_____ Date
<u>X</u> Signature Resident # 5	<u>X</u> Witness's Signature	_____ Date

Office Use Only - Please do not write in the shaded area

**Required Income Documentation Received** ☐ No ☒ Yes **File Audit** ☐ No ☒ Yes **Eligible for Subsidy** ☐ No ☒ Yes

**Missing Documentation:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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## Employment Verification Form

<b>Employee-Last Name</b>	<b>First Name</b>	<b>Initial</b>	<b>Social Insurance Number</b>
<b>Address</b>	<b>Employee Signature</b>		<b>Date</b>

**To be Completed by Employer**

**Please Provide the Information Requested.**  
**All information will be treated as confidential.**

<b>Employer's Company Name</b>		<b>Address</b>	<b>Business Phone No.</b>	
<b>Date Employment Commenced</b>	<b>Employee Position</b>	<b>Date Commenced Current Position</b>	<b>Commission, Gratuities. etc.</b> Yes No	<b>Seasonal</b> Yes No

**Please Provide the Information Requested.**

I. Please check ☒ and complete the most appropriate option

II.

Employee Paid	Rate (\$)		# of hours/week:		Rate		Gross** Monthly Income ★	Year- to-Date Gross** Income	
<input type="checkbox"/> Hourly		×		×	4.333	=		As at (Date):	
<input type="checkbox"/> Weekly		×				=		<input type="checkbox"/> Basic Income	
<input type="checkbox"/> Bi-weekly		×				=		<input type="checkbox"/> Overtime	
<input type="checkbox"/> Monthly		×				=		<input type="checkbox"/> VACAMOD	
<input type="checkbox"/> Yearly(Salary)						=		<input type="checkbox"/> Total Gross Income	

\*\* Income Before any Deductions

<b>Name of Employer's</b>	<b>Signature of Employer's Representative</b>	<b>Position</b>	<b>Date</b>
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## Self-employment Verification Form

### To Be Completed By Each Self-Employed Tenant

<b>Last Name</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	<b>First Name</b>	<b>Initial</b>	<b>Home Phone#</b>	<b>Bus. Phone No.</b>
<b>Address-street Number and Street Name</b>	<b>Unit/Apt. No</b>	<b>City</b>		<b>Postal Code</b>
<b>Company Name</b>	<b>Address</b>	<b>Date Business Established</b>		

### Check ONE of the following and attach appropriate verification

- ☐ **Self-employed less than one year**  
 Anticipated Income to be received over a period of twelve (12) months: \$
- ☐ **Self-employed more than one year**  
 Anticipated Income to be received over a period of twelve (12) month: \$
  - Provide 1 or 2
    - 1) Audited Financial Statements (the Statement must include a declaration by a professional Accountant that the financial statement is accurate)
    - 2) Certified Copy of the most recent Income Tax Return or Notice of Assessment, along with a working copy of tax return.

Please click button below to submit your completed form to Pathway.



# Definition of Income

Income means all income, benefits and gains. Of every kind and from every source including, but not limited to the following:

- (a) gross (before any deductions) salaries, wages, overtime payments, commissions, bonuses, tip, gratuities;
- (b) grants, scholarships or bursary payments;
- (c) the greater of the net income from the business or the total withdrawals from the business as personal salary or other benefits of any member of the family or of the applicant who is self-employed in a business;
- (d) the gross amount of unemployment insurance benefits;
- (e) the gross amount of Worker's Compensation payments or other industrial accident insurance payments or made because of illness or disability;
- (f) the gross amount of any old age security, federal guaranteed income supplement and spouse's allowance and the Ontario Guaranteed Annual Income (GAINS);
- (g) the gross amount of every kind of pension allowance, benefit and annuity whether from a federal, provincial or municipal government of Canada or any level of government of any other country or state from any other source;

- (h) the gross amount of alimony, separation, maintenance or support payments made to the applicant;
- (i) the gross amount of gains from investments including interest on dividends, stocks, Shares and other securities, and where the actual income cannot be determined, an imputed rate of return set by the landlord from time to time;
- (j) the gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
- (k) 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.
- (l) An imputed income amount equal to the total appraised value of all assets which do not produce interest income multiplied by a rate of return set by the landlord from time to time.

**"Gross Family Income"** means the total gross income (before any deductions) of every leaseholder, and every person residing in the premises

## Examples of Possible Sources of Income

### Employment

- Full-Time
- Part-Time
- Irregular
- Casual
- Seasonal
- Odd Jobs
- Shift Bonuses
- Yearly or Seasonal Bonuses
- Cost of living Bonuses
- Overtime Earnings
- Commissions
- Tips and Gratuities
- Disability Pay
- Sickness Pay
- Long-term Income Protection Payments
- Separation/Vacation Pay

### Self-Employment

- Tutoring
- Music Teaching
- Child Care
- Babysitting
- Taxi
- Business

### Pensions and Allowances

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income System (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan
- Social Security (Other countries)
- Widow's Pension
- Company Pension
- Private Pension
- Public Service Pension
- Civilian War Pension
- Disability Pension
- War Veteran's Allowance (DAV)
- War veteran's Allowance (other Countries)
- Military or Militia or Civil Defence Allowances
- Canada Manpower Retraining Allowance
- Training Allowances
- Retraining Allowances

### Other

- Worker's Compensation Payments
- Insurance Payments\Student Grants
- Provincial or Municipal Payments
- Unemployment Insurance Commission Payments
- Payments under Compensation for Victims of Crime Act
- Payments from Official Guardian or Public Trustee
- Payments from Children's Aid Society or Catholic Children's Aid Society
- Separation Payments
- Alimony Payments
- Support Payments (for spouse or child)
- Support From relatives or other sources
- One-time Lump-sum Payments (inheritance Court and out of court settlements)

## Examples of Assets

### Income Producing Assets

- Farm property which produces income
- Real Estate (residential, commercial, farmland, cottage, mobile home ) which produces rental income
- Savings accounts at bank, trust company, credit union, annuities; Guaranteed Investment Certificates; stocks or shares; bonds; debentures; mortgages; loans; notes; term deposits
- License which produces income (e.g. taxi license)
- Business interest which produces income

### Non-Income Producing Assets

- Life Insurance (with a cash surrender value)
- Registered Retirement Savings Plan (RRSP)
- Real Estate (house, condominium, summer cottage, farmland, commercial or vacant land)which does not produce income
- Collection of, or investment in, other valuable non-income producing assets
- Business asset which does not produce income