



PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL

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July 2016

IMPORTANT UPDATES

POLICIES AND PROCEDURES FOR THE RECIPIENTS'

OF

RENT-GEARED-TO-INCOME (RGI) ASSISTANCE

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Region of Peel Service Manager has updated selected Policies and Procedures. Please read carefully and familiarize yourself with the following changes as they may be applicable to your circumstances.

Please note that in order to be eligible for rent subsidy all rules under the Housing Services Act, 2011 as well as the Policies and Procedures developed by the Region of Peel Service Manager must be followed. Should you require further explanation on any of these policies please make an appointment with the office.

1. Time Period to Notify of Changes in Information or Documents

A household is required to report **all** changes in information and documents (e.g. income, assets, household composition, long-term guests/occupants, immigration status, etc.) in **writing** within **30 calendar days** after the change occurs. This time period may be extended by the housing provider if the household meets an extenuating circumstance. If documentation is not available at the time of reporting, it may be provided at a later date specified by the Pathway office.

Exception:

Households who receive fixed pension income:

- **are not** required to report the ongoing minor changes to their pension income within 30 calendar days (unless it is a new type of pension income not previously reported), but
- **are** required to report changes in their pension income at least once every 12 months.

Consequences for failing to report changes:

When unreported change would result in an increase in rent

If within 30 calendar days a household fails to report **Then the household...**

.....

An increase in

▪ Income, or

▪ asset, or

▪ a change in household composition

becomes ineligible for RGI assistance **unless** the 30 day time period was extended by the housing provider due to extenuating circumstances.

When unreported change would result in a rent decrease

If an income or asset decrease is reported **Then the household's**

at the annual review	Remains eligible for RGI Will have decrease in rent, but decrease will not be retroactive. The effective date of the rent decrease will be the 1 st day of the month after written notice is given at the annual review.
outside the annual review	will not decrease retroactively beyond three (3) months, unless there are extenuating circumstances.

Note: A household continues to remain eligible for RGI assistance unless the change the household failed to report would result in

- an increase in rent, or
- the household being ineligible for the unit it occupies (i.e. overhoused).

If a household failed to report an increase in income within 30 calendar days and paid less rent/occupancy charge than it should have, the household will be required to reimburse the overpayment of subsidy.

2. Fluctuating Income

Definition of Fluctuating Income:

For the purpose of this policy, fluctuating employment income is defined as income that

- is unpredictable and changes from month to month
- may be seasonal or irregular
- is generally hourly paid wages where the number of hours worked varies daily or weekly, and
- is received from one or more employer(s) during the same month.

Under this policy the following types of income are **not** considered fluctuating employment income:

- self-employment income of any kind (e.g. baby-sitting, housekeeping, etc.); or
- any part of the household income that is from Ontario Works (OW) or Ontario Disability Support Program (ODSP)

Pathway office will be using **12 consecutive weeks** of gross employment income to determine the average monthly income for households with income that fluctuates. This criterion is dependent on **when** the average monthly employment is being determined (e.g. first, second or third year of fluctuating income with the same employer/s).

Notes

- The change in income is considered to have occurred at the **end** of the 12 consecutive week period
- The legislated notice period for rent changes continue to apply
- The timelines in the following table are to be adhered to unless there is a significant change in the income source or amount

The following table describes how the average monthly employment income will be calculated when households have employment income that fluctuates from month to month, depending on when the calculation is occurring.

If average monthly employment income is being determined in the...	Then rent is calculated ...	And rent is calculated using ...
first month (and for the first time before 12 consecutive weeks of gross income is available)	in the first month	income verification available at the time such as: paystubs (may be only one or two weeks); or a letter from the employer confirming rate of pay and estimating number of hours per week/month Note: Do not use a paystub that contains a one-time payment.
first year of fluctuating income with the same employer/s	every three months	12 consecutive weeks of pay stubs from the previous 3 months
second year (after the first 12 consecutive months of fluctuating income)	annually	the average monthly income from the previous 12 month period to determine rent for the next 12 months
third and future years	annually	Notice of Assessment from the previous year's income tax return to determine the average gross monthly income for the next 12 months.

Note: The use of the Notice of Assessment to determine the average monthly income is unique to the fluctuating employment income policy.

Income Changes

If there is a significant change in either the **amount** or **source** of income a household is receiving (e.g. new employer), the housing provider is to use best judgment to determine if the change in income is significant based on the tenant/member’s amount of income and circumstances.

3. Local Occupancy Standards

Occupancy Standards- Largest Unit

The following table outlines the largest unit a household paying RGI is eligible for based on the household composition:

If the household includes ...	Then the largest unit the household is eligible for is a...
two people who are spouses of each other, including same sex spouses	one bedroom
additional members	one bedroom for each additional member

Occupancy Standards – Smallest Unit

The following table outlines the smallest unit a household paying RGI is eligible for based on the household composition:

If the household includes ...	Then the smallest unit the household is eligible for is a...
two people who are spouses of each other, including same sex spouses	a bachelor unit
two or more members	one bedroom for every two members of the household.

Exception

With mutual agreement between the office and the household, more than two members may occupy a bedroom.

Request for additional bedroom

A request for an additional bedroom must be made in writing.

The following table outlines the types of requests that are eligible for an additional bedroom and the verification documents required:

If the request is due to...	Then the request must be accompanied by...
a disability or medical condition	A "PATH <i>Medical Request Form for Modified Unit or Additional Bedroom</i> ", which has been completed by the household member's physician.

Note:

Requests for an additional bedroom for the following reasons will not be considered*:

- Snoring
- Sleep apnea, or
- Storage of
 - a wheelchair
 - scooter
 - walker, or
 - exercise equipment.

*An exception can be made in extenuating circumstances.

the bedroom is required to accommodate a child as part of a court order, mediated agreement or a written agreement between the two parties	a copy of one of the following supporting documents: <ul style="list-style-type: none">▪ court order▪ mediation agreement, or▪ written agreement
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pregnancy	A note from the household member's physician verifying the pregnancy - even if the pregnancy appears to be obvious.
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Students living away from the households

A student living away from home is considered a member of the household if the student is

- a child of a member of the household

- in full-time attendance at a recognized educational institution and while in attendance does not live with the household; and
- is dependent in whole or in part on the household for financial support.

4. Absence from Unit

A household ceases to be eligible for RGI assistance if **all** members (recognized occupants) of the household have been absent from the unit (i.e. unit left vacant) for more than **90 consecutive days within any 12 month period** (i.e. not limited to a calendar year), unless the household:

- is determined to have extenuating circumstances, or
- meets the exemption criteria of a serious medical condition.

Notes:

- Housing providers should ensure that all RGI households are informed of this policy in writing
- An Opportunity to Comment should be given to the household before a decision is made to remove subsidy
- If a decision is made to remove subsidy, the notice must contain information that the household

has the right to submit a Service Manager Appeal within 10 business days

In extenuating circumstances housing providers may extend the 90 consecutive days time period by **an Additional 90 consecutive days** (i.e. **for a total maximum of 6 months**). Examples of extenuating circumstances could include, but are not limited to the following:

- Incarceration
 - Awaiting trial and not convicted
 - Serving time after conviction
- Illness/death of an immediate relative (spouse/partner, child, parents, siblings, legal guardian)
- Medical reasons (not requiring the unit to be vacant beyond 6 months)

Exception- serious medical conditions

If a unit is vacant for more than 90 consecutive days because a member of the household is absent from the unit as a result of a serious medical condition and all other members of the household need to be housed elsewhere, the unit is deemed to be not vacant (i.e. the 6 months maximum time limit does not apply).

Some examples of serious medical conditions include, but are not limited to the following:

- Cancer
- Kidney disease
- HIV/AIDS
- Mental illness
- Addictions
- Any other serious medical condition that may require extensive medical treatment that require an absence from the unit

Monitoring absence

It is not practical for an RGI unit to remain unoccupied for an indefinite period of time for any reason, including a medical reason, even if the rent is being paid. As such, the housing provider should be satisfied that the household will be able to return to the unit and be able to live independently, with or without support services within a reasonable period of time.

When a unit is left vacant for an extended period of time for medical reasons, it is suggested that the housing provider request the household to provide an update from their physician, of their medical condition every three months (or a time close to the end of the treatment time provided by the physician).

5. Assistance to Live Independently

Under the Eligibility requirements a household is eligible for rent-g geared-to-income (RGI) assistance if at least one member of the household is at least 16 years old and is able to live independently.

An individual is considered able to live independently if he/she is able to perform for himself/herself the normal essential activities of day-to-day living.

An individual must be deemed able to live independently if the individual is able to live independently with the aid of certain support services and demonstrates that those support services will be provided to him/her when they are required.

Under the local occupancy standards a household is eligible for an additional bedroom to accommodate an individual who

- is not a member of the household, and
- provides a member of the household with support services required because of a disability or medical condition.

Caregiver definition

For the purpose of this policy, a caregiver is defined as an individual who will live in the unit, and

- provides support to a member of the household allowing them to live independently
- is qualified to provide support services and works without supervision
- has a signed contract to provide daily support care, including overnight care, for a member of the household
- is considered an employee of the household and does not need to meet the housing provider's mandate (i.e. does not need to be 65 years or older in order to be employed in a seniors' only building).

The caregiver is not a member of the household, and does not

- sign the lease/occupancy agreement, or
- pay rent/occupancy charge (all their income is excluded for RGI calculation, including any money earned outside the unit)

The caregiver does not have any occupancy rights for the unit and must vacate the unit when their services are no longer required or when tenancy/occupancy of the household is terminated.

Note: A household continues to have the ability to add a member to the lease/occupancy agreement

for any reason including to provide care. Under this policy, a member of the household is different from a caregiver. See section below on 'Adding a member to the household to provide care'.

Application for additional bedroom

A household must apply in writing for an additional bedroom and be placed on the transfer list if appropriate. The household may also apply to the PATH centralized waiting list at the same time.

The application must include written verification from a physician that support care is required

- overnight by a member of the household because of a long term disability or medical condition, and
- to enable the household member to live independently in the unit.

Note: If support care, including overnight care, is provided by multiple caregivers through an agency, the household is not eligible for an additional bedroom.

Information required before additional bedroom offered

Before a household is offered an additional bedroom, they must provide the following information:

- a copy of the service contract for support care services, including overnight care

- verification that the caregiver is qualified to provide the services (e.g. certificate/diploma verifying the caregiver has been trained to provide support services or a letter from the caregiver's physician verifying they are capable of performing the support services required) proof of payment for the support care services (if payment has not already started this can be provided later)
- a signed letter from the caregiver verifying they are aware they will not be paying rent/occupancy charge for the unit and must vacate the unit when their services are no longer required or if the tenancy/occupancy of the household is terminated.

Acceptable service contract

An acceptable service contract must contain a minimum of the following information:

- the name of the caregiver
- that the care is required overnight
- the rate of pay and how often it is paid
- the effective date of the contract, and
- that the caregiver is required to vacate the unit when their services are no longer required or the household's tenancy/occupancy to the unit is terminated.

Annual eligibility review

A household's continued requirement for an additional bedroom for a caregiver must be reviewed each year as part of the household's annual eligibility review. At the annual eligibility review the household must verify that

- the reason(s) an additional bedroom is required are still ongoing (i.e. the household continues to require overnight care)
- the household is still able to live independently with the support care provided.

At the housing provider's discretion, verification may be in the form of a note from:

- a member of the household, or
- the member's physician.

Note: The household may incur a cost for a note from the physician.

Seeking a replacement live-in caregiver

A household that is actively seeking a replacement live-in caregiver may retain the additional bedroom for up to one year before being considered overhoused.

If after three months the household is unsuccessful in finding a qualified caregiver, the services of a community agency must be used to assist with the search. Written verification of the

ongoing search from the community agency is required at the time of the annual eligibility review if the household has been seeking a caregiver for three or more months.

Caregiver no longer required

If a caregiver is no longer required, the household must

- notify the housing provider in writing within 30 days, and
- provide verification from the household member's physician that their patient is now able to live independently without support. The household will be considered to be overhoused and will be required to transfer to the appropriate size unit.

Adding a member of the household

Many households are unable to afford to pay for a caregiver and may request adding a family member or friend to the lease to provide care. The individual requested to be added to the lease in this circumstance is not considered a caregiver under this policy. It is simply adding a member to the household.

If an additional bedroom is required the household must go on the housing provider's chronological Transfer list or the PATH centralized waiting list.

The individual being added to the lease

- will become a member of the household
- will have their gross income included for calculating the RGI rent/occupancy charge for the unit
- will have occupancy rights to the unit, including the RGI
- must comply with all RGI rules, and
- must be in keeping with the mandate of the building.

6. IN-Situ Market to RGI Policy NO LONGER IN EFFECT

Please see the resources below:

Residents or members who are having difficulty paying their market rent are encouraged to contact any of the following community resources:

- Application for subsidized housing – call 905-793-9200; or
- Region of Peel website – <http://peelregion.ca/social-services/i-need-help.htm>
- Peel Information Network – <https://peel.cioc.ca>
- Landlord & Tenant Board – <http://www.sjto.gov.on.ca/ltb/>

- Call 211 – <http://www.211dufferinpeel.com/>
- Service Managers in Ontario – <http://www.mah.gov.on.ca/Page1202.aspx>
- View it – <http://www.viewit.ca/>

7. Pursuit of Income

Under the HSA a household may be required to pursue specific types of income as a condition of eligibility if the housing provider is of the opinion a household member may be eligible for one of the prescribed income types, which no longer includes income from the Canada Pension Plan (CPP)

When a housing provider is of the opinion a household member may be eligible to receive one of the income types the housing provider must inform the household of their requirement to pursue in writing.

Households can be required to pursue the following types of income:

- Ontario Works (OW)
- Support payments (child support or spousal support)
- Employment Insurance Benefits (EIB)
- Seniors Benefits
- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS) o Guaranteed Annual Income System (GAINS)
- Support from a sponsor for a sponsored immigrant

Important: The income types listed above are the only income types households can be required to pursue as a condition of RGI eligibility.

If there are extenuating circumstances under which a household member is unable to pursue income, or that make it unreasonable or unsafe for the member to pursue the income, the housing provider can defer the requirement to pursue income.

Households will be given 30 calendar days from date the household receives the written notice to provide verification to the housing provider that the income is being pursued (e.g. confirmation of application) or alternatively has contacted the housing provider to declare extenuating circumstances.

A household is ineligible for RGI assistance if they fail to fail to:

- make reasonable effort to obtain the specified income within 30 days, or
- respond to the housing provider's notification to identify any issues or reasons that prevent the member from o meeting the 30 day time frame, or o pursuing the income at all (i.e.

extenuating circumstances). Once the household has provided verification they have pursued the income, the housing provider will allow the household:

- another 30 calendar days to begin to receive the income before following up on the result of the application for income, or more than 30 days if o documentation from the income source verifies that eligibility will not be determined or payments of the income will not start within the next 30 days (note: some programs can take 4 to 8 weeks for payments to commence), or o the income source is delayed in determining the household's eligibility or in issuing the income if member eligible for it.

If a household does not adhere to the requirements outlined in this Policy (i.e. fails to pursue the income type the housing provider has identified a household member may be eligible to receive) the housing provider will:

- determine the household ineligible for RGI
- remove subsidy, and issue written notification to household within seven (7) days of the ineligibility decision that includes: o date of the decision and reason(s) for the decision or whether a review of the decision can or cannot be requested, and, o if a review can be requested, the timeline and process for a household to do so.

Annual Income Verification for RGI Tenants
List of required documents
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 cards with completed attached OW/ODSP request for information
- E. I. 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



PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL
 3023 Parkerhill Road, box 100, Mississauga, Ont L5B 4B3 Tel: (905) 272-2285

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 No

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.

Income Source Answer Yes or No	Name of Person Receiving Income	Contacts	Gross Monthly Income
Employment Income * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please indicate employer name and phone number		Employer: Phone:	
Ontario Works Benefits* <input type="checkbox"/> Yes <input type="checkbox"/> No * Please indicate worker's name		Contact Person: Phone:	
Ontario Disability Support Program* <input type="checkbox"/> Yes <input type="checkbox"/> No * Please indicate worker's name		Contact Person : Phone:	
Employment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Support/Alimony Payments <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Disability Pension <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Canada Pension Plan (CPP) <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Old Age Pension (OAP) <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Guaranteed Annual Income Supplement <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Company Pension <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
OSAP (Loan or Grant) <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Foreign Pension <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
RRIF income <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person: Phone:	
ANY other income not listed above* <input type="checkbox"/> Yes <input type="checkbox"/> No i.e. tips, bonuses, etc. *Please indicate Income Source		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
Bank Account(s) * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please Indicate Bank name and Account number(s)		Name:	
		Bank: Account #:	
		Name:	
RRSPs <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank: Account #:	
		Name:	
GICs/GSDs <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks and Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No			
Investments <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate (House, Land) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Art, Antiques, Valuables <input type="checkbox"/> Yes <input type="checkbox"/> No			
Taxi or Business License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any assets held in trust <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other assets not listed above <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> _____	<u>X</u> _____	_____
Signature Resident # 1	Witness's Signature	Date
<u>X</u> _____	<u>X</u> _____	_____
Signature Resident # 2	Witness's Signature	Date
<u>X</u> _____	<u>X</u> _____	_____
Signature Resident # 3	Witness's Signature	Date
<u>X</u> _____	<u>X</u> _____	_____
Signature Resident # 4	Witness's Signature	Date
<u>X</u> _____	<u>X</u> _____	_____
Signature Resident # 5	Witness's Signature	Date

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

Required Income Documentation Received	<input checked="" type="radio"/> Yes	File Audit	<input checked="" type="radio"/> Yes	Eligible for Subsidy	<input checked="" type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No			
Missing Documentation: _____					
Notes: _____					



Employment Verification Form

Employee-Last Name	First Name	Initial	Social Insurance Number
Address	Employee Signature		Date

To be Completed by Employer

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

Employer's Company Name		Address		Business Phone No.	
Date Employment Commenced <small>YYYY MM DD</small>	Employee Position	Date Commenced Current Position <small>YYYY MM DD</small>	Commission, Gratuities. etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> 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 ★
<input type="checkbox"/> Hourly		x		x 4.333	=	
<input type="checkbox"/> Weekly		x			=	
<input type="checkbox"/> Bi-weekly		x			=	
<input type="checkbox"/> Monthly		x			=	
<input type="checkbox"/> Yearly(Salary)		<input type="checkbox"/>			=	

Year- to-Date Gross** Income	
As at (Date):	
<input type="checkbox"/> Basic Income	
<input type="checkbox"/> Overtime	
<input type="checkbox"/> VACAMOD	
<input type="checkbox"/> Total Gross Income	

** Income Before any Deductions

Name of Employer's	Signature of Employer's Representative	Position	Date
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Self-employment Verification Form

To Be Completed By Each Self-Employed Tenant

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

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.



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Web: www.pathwayhousing.ca | Email: info@pathwayhousing.ca

Request for Ontario Works / ODSP Information

Name of Tenant:	Date of Birth (d/m/y):
Address and City/Town: 3420 THE COLLEGEWAY/ 3023 Parkerhill Rd, Mississauga	Unit #:

Name of Housing Provider:
PATHWAY NON PROFIT COMMUNITY DEVELOPMENT INC OF PEEL

Contact Name and Title:
DARIA BEREZOWSKA – PROPERTY ADMINISTRATOR

Please take this form to your Ontario Works (OW) or Ontario Disability Support Program (ODSP) caseworker to complete this section.

The above named person is currently receiving financial assistance/income support from:

Ontario Works ODSP Neither

Grant Date (d/m/y):

Benefit Unit #:

Please list all members of this person's benefit unit:

Name:

Are any of the above members receiving financial assistance for a Temporary Care Allowance, as a Financially Dependent Parent or Assistance for Children with Severe Disabilities (ACSD)? No Yes, please explain:

Does anyone else live in the unit? No Yes, please explain:

Name of caseworker:

Title and Contact Number:

Signature of caseworker:

Date:

Notice with Respect to the Collection of Personal Information

This information is collected under the legal authority of the Housing Services Act, 2011 for the purpose of administering the social housing programs prescribed in this Act and its associated Regulations. For more information contact [name of Privacy Officer and phone number].

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
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