



**Housing Division**  
Social Services Department  
82 Erie Street, Stratford, Ontario N5A 2M4  
Phone: 519-271-3773 Toll Free: 1-800-669-2948

## **Form 309 – Annual Income, Asset, & Household Composition Review**

If you require assistance completing this review, you may call and schedule an appointment with the Social Services Intake Clerk who sent you the package.

### **Instructions:**

Answer all sections. Attach required supporting documentation to verify information reported. Ensure that all household members 16 years of age or older have signed the form.

### **For a complete annual Review, the following must be submitted:**

- Verification of status in Canada for all household members listed (Only provide this if you have added household members since your last eligibility review or if the status of someone in your household has changed)
- Verification of custody for all dependents listed

### **For each household member 16 years of age or older, also provide:**

- Proof of school enrollment and course load
- Supporting documentation for all income reported
- Most recent Income Tax Return Summary and Notice of Assessment received by CRA
- FORM 306 – Assets Review Form or a summary page of all your accounts from your financial Institution(s). Your bank may provide this to you, or send to us directly
- Two months bank statements for all accounts

**Please be reminded that you must report all changes to your household composition, income, within 30 days of the change. Failure to do so can result in the household being deemed ineligible for RGI assistance/subsidy.**

### Resident One Contact Information

<b>Full Name</b>	
<b>Date of Birth (mm/dd/yyyy)</b>	
<b>Gender</b>	
<b>Social Insurance Number</b>	
<b>Current Address</b>	
<b>Mailing Address (if different from current address)</b>	
<b>P.O. Box Number</b>	
<b>Unit/Apartment Number</b>	
<b>City</b>	
<b>Province</b>	
<b>Postal Code</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Preferred method of communication?</b>	

### Resident Two Contact Information

<b>Full Name</b>	
<b>Relationship to Resident One (Leaseholder)</b>	
<b>Date of Birth (mm/dd/yyyy)</b>	
<b>Gender</b>	
<b>Social Insurance Number</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Preferred method of communication?</b>	

### Household Information

! Please note if you wish to add new members to your household, they must be screened for eligibility by applying for RGI assistance.

#### Has anyone moved into your unit since your last eligibility review?

Yes, please indicate name and date:

No

#### Has anyone moved out of your unit since your last eligibility review?

Yes, please indicate name and date:

No

**Please provide information about all other occupants such as adults and children (including new additions to the household) who will live with you other than Resident one (Leaseholder) or two.**

<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Gender</b>

- ! Please attach verification of custody for all dependents listed

<b>Name of household member who is pregnant</b>	<b>Expected due date</b>

- ! Please attach verification of pregnancy

**Attending School Full Time**

Please indicate if you or any member of the household 16 years or older are attending school and provide proof of enrollment and course load (an example would be a recent Report Card)

<b>Last Name</b>	<b>First Name</b>	<b>Name of School</b>	<b>Dates of Attendance</b>

**Eligibility Criteria**

Is each member of the household a Canadian Citizen, a permanent resident or has made an application for status as a permanent resident under the Immigration and Refugee Protection Act (Canada), has refugee status, or has made a claim for refugee protection under the Immigration and Refugee Protection Act (Canada)?

Yes, information attached or previously provided.

No

Has a removal order become enforceable under the Immigration and Refugee Protection Act (Canada) for any household member?

Yes

No

Is at least one member of the household 16 years old or older and able to live independently? An individual can live independently if they can carry out the normal essential activities of day-to-day living, either on their own or with the aid of support services that the individual demonstrates will be provided when required.

Yes

No

Does any member of the household ever been convicted of an offence under the Housing Services Act (HAS) or the Criminal Code in relation to the receipt of rent-geared-to-income assistance (RGI) in the last two years?

Yes

No

Has any member of the household ever been convicted of an offence in relation to the receipt of rent-geared-to-income assistance (RGI)?

Yes

No

Has any member of the household been found by the Ontario Landlord & Tenant Board or a court of law to have misrepresented income in relation to the receipt rent-geared-to-income assistance (RGI)?

Yes

No

### **Property**

Does any household member on this application own property suitable for year-round occupancy? (Example: house, cottage, mobile home etc.?)

Yes

No

! If yes, please provide the following information as well as complete the Form 104 – Declaration of intent to sell property

### **Sources of Income and Assets**

Please fill in this section for all household members 16 years of age or older and attach verification documents as per Income and Assets Definitions handout. For the purpose of assessing eligibility for Rent-Geared-To-Income (RGI) Assistance, income means all gross

income (before deductions), benefits and gains of every kind and every source. Any sources of income or assets not listed below are to be included under "Other".

**Income**

<b>Source of Income (per month)</b>	<b>Resident One Gross Monthly Income (\$)</b>	<b>Resident Two Gross Monthly Income (\$)</b>	<b>Resident Three Gross Monthly Income (\$)</b>
<b>Ontario Disability Support Program (ODSP)</b>			
<b>Ontario Works (OW)</b>			
<b>Employment (all sources)</b>			
<b>Old Age Security Pension (OAS) and Ontario Annual Income System (GAINS)</b>			
<b>Federal Guaranteed Income Supplement (GIS)</b>			
<b>Canada Pension Plan (CPP)</b>			
<b>Pensions (all sources)</b>			
<b>Employment Insurance (EI)</b>			
<b>Workers compensation (WSIB)</b>			
<b>Ontario Student Award Program (OSAP)</b>			
<b>Self-Employed</b>			
<b>Child Support</b>			
<b>Spousal Support/ Alimony</b>			
<b>Annuity</b>			
<b>Other</b>			

## Assets

<b>Assets</b>	<b>Resident One Current Value</b>	<b>Resident Two Current Value</b>	<b>Resident Three Current Value</b>
<b>Bank Account(s) – Chequing</b>			
<b>Bank Account(s) - Savings</b>			
<b>GIC, Stocks, Shares, Bonds, Mutual Funds</b>			
<b>Taxi or Business License</b>			
<b>Real Estate/Property</b>			
<b>Mortgages</b>			
<b>Collections or Investment in Valuable Assets</b>			
<b>Other</b>			

## Emergency/Alternate Contacts

! Please list any alternate contacts we may call/leave a message within the event we are trying to reach you, or who you would like us to reach in case of an emergency

### Alternate Contact One:

First and Last Name:

Relationship to you:

Phone number:

Email:

### Alternate Contact Two:

First and Last Name:

Relationship to you:

Phone number:

Email:

**Support Contacts**

I give permission to the City of Stratford to share my personal information regarding Social Services related matters and supports with the following persons/organizations. This may include but is not limited to your Next of Kin, OW/ODSP Worker, Trustee and/or Power of Attorney, or any other supports (CMHA/Housing Stability Worker/Outreach), etc.

I/we understand the purpose for disclosing this personal information to the persons /organizations provided in the Support Contacts section below is so that they can assist me/us with obtaining and maintaining housing services. I/we understand that I/we can withdraw this consent at any time by providing written notice.

**Support Contact One:**

First and Last Name:

Relationship to you:

Organization (if applicable):

Phone number:

Email:

Mailing Address:

**Support Contact Two:**

First and Last Name:

Relationship to you:

Organization (if applicable):

Phone number:

Email:

Mailing Address:

**Consent, Release of Information, and Declaration**

The personal information on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 S.O. 201.c.6 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M. 56. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 ext.329 during business hours. If you require this document in an alternate format, please contact the Clerk’s office at 519-271-0250 ext.329 or TTY 519-271-5241.

## Declaration

- I understand that only the people I have listed on this document may live with me in subsidized housing.
- I/we confirm that all of the information on this form is true and I/we have not left out any information relating to eligibility.
- I/we understand that this form is for the purposes of verifying eligibility for subsidized Housing and does not constitute an agreement or promise of RGI assistance/subsidy.
- I/we understand that any inquiries with respect to my/our personal information may take the form of electronic data exchanges and I/we agree to receive Social Services notices and documents by email at the email addresses included in my/our application.
- I allow the City of Stratford to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers or district social services administration boards if it is needed to make a decision or verify my eligibility for assistance under any housing program offered by the City of Stratford from time to time under the Housing Services Act, 2011, the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Child Care Act.
- I/we understand that if there is a change in income, assets, and/or household composition, I/we must report changes within 30 days of the change and provide supporting documentation for the change (if applicable). I/we understand that failure to do so can result in a subsidy overpayment and/or the household being deemed ineligible for RGI assistance/subsidy.

I have read or had read to me and understand the consent set out above.

! All household members 16 years or older must sign this declaration.

Resident One Name:

Resident Signature:

Date:

Resident Two Name:

Resident Two Signature:

Date:

Resident Three Name:

Resident Three Signature:

Date: