Perth and Stratford Housing Corporation
Social Services Department – Housing Division
82 Erie Street, 1st Floor, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll-Free: 1-800-669-2948

Form 309 – Annual Income, Asset & Household Composition Review

If this application is required in an accessible format, please contact our office.

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:

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

Checklist for a complete Annual Review:

☐ 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, and assets within 30 days of the change. Failure to do so can result in the household being deemed ineligible for RGI assistance/subsidy.

Resident 1 Contact Information

Full Name	
Date of Birth (mm/dd/yyyy)	
Gender	
Current Address	
Mailing Address (if different from current address)	
PO Box Number/Apt Number	
Town/City, Province, Postal Code	
Best phone number(s) to reach you	
Email Address	
Preferred mode of communication? (Mail/Email/Phone)	

Resident 2 Contact Information

Full Name	
Relationship to Leaseholder 1	
Date of Birth (mm/dd/yyyy)	
Gender	
Best phone number(s) to reach you	
Email Address	
Preferred mode of communication? (Mail/Email/Phone)	

Household Information

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

☐ Yes, please indicate name and date.

☐ No

Please note if you wish to add any new members to your household, they must be screened for eligibility by submitting an application for RGI assistance.

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

☐ Yes, please indicate name and date.

☐ Yes 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 Leaseholder 1 and 2.

Last Name	First Name	Relationship	Date of Birth	Gender

☐ Verification of custody for all dependants listed (mandatory) is attached.

Name of household member who is pregnant	Expected Due Date

☐ Verifcation of pregnancy (mandatory) is attached.

Attending School Full Time

Please indicate if you or any member of the household 16 years of age or older are attending school and provide proof of enrollment and course load (E.g. Report card)

Last Name	First Name	Name of School	Dates of Attendance

Eligibility Criteria

Is each member of the household a Canadian Citizen, has applied for or is a permanent resident under the Immigration and Refugee Protection Act (Canada), has refugee status, or 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?

- ☐ Yes
- ☐ No

Does any member of the household owe arrears as a result of a previous tenancy with a Social Housing Provider for rent-geared-to-income (RGI) assistance?

- ☐ 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? (E.g. 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".

Source of Income (per month)	Resident 1 Gross Monthly Income ($)	Resident 2 Gross Monthly income ($)	Resident 3 Gross Monthly Income ($)
Employment (all sources)			
Self-Employed			
Ontario Student Award Program (OSAP)			
Employment Insurance (EI)			
Workers Compensation (WSIB)			
Ontario Works (OW)			
Ontario Disability Support Program (ODSP)			
Old Age Security Pension (OAS) and Ontario Annual Income System (GAINS)			
Federal Guaranteed Income Supplement (GIS)			
Canada Pension Plan (CPP)			
Pensions (all sources)			

Source of Income (per month)	Resident 1 Gross Monthly Income ($)	Resident 2 Gross Monthly income ($)	Resident 3 Gross Monthly Income ($)
Child Support			
Spousal Support/Alimony			
Annuity			
Other:			
Assets	**Resident 1 Current Value**	**Resident 2 Current Value**	**Resident 3 Current Value**
Bank Account(s) – Chequing			
Bank Account(s) – Saving			
GIC, Stocks, Shares, Bonds, Mutual Funds			
Taxi or Business License			
Real Estate/Property			
Mortgages			
Collections or Investment in Valuable Assets			
Other:			

Emergency Contacts

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

Alternate Contact #1

First and Last Name	
Relationship to you	
Phone Number and ext.	
Email Address	

Alternate Contact #2

First and Last Name	
Relationship to you	
Phone Number and ext.	
Email Address	

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 above. I/we understand that I/we can withdraw this consent at any time by providing written notice.

Support Contact #1

First and Last Name	
Relationship to you	
Organization (if applicable)	
Phone Number and ext.	
Email Address	
Mailing Address	

Support Contact #2

First and Last Name	
Relationship to you	
Organization (if applicable)	
Phone Number and ext.	
Email Address	
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.235 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 ext.237 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.

Sign Here (all household members 16 + must sign this Declaration)

Resident(s) Name(s), PLEASE PRINT	Resident's Signature	Date