

<input type="checkbox"/> Annual Review	<input type="checkbox"/> Change of Information
Does any member of the household receive a housing allowance or benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member's Name

APPLICANT/TENANT INFORMATION

Home Address

Apt. No.:	Street Address:		
P.O. BOX (if applicable):	City:	Province:	Postal Code:

Applicant/Tenant

Last Name:	First Name:	Middle Initial:
Date of Birth (mm/dd/yy)	Gender Identity <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Social Insurance Number (S.I.N.)
Telephone Number		
Email Address		

Co-Applicant/Co-Tenant

Last Name:	First Name:	Middle Initial:
Date of Birth (mm/dd/yy)	Gender Identity <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Social Insurance Number (S.I.N.)
Relationship to Applicant/Tenant		

DECLARATION AND CONSENT

Personal Information provided in this Verification of Income and Assets form is collected by the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department under the authority of the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990), the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990) and the *Housing Services Act, 2011*, S.O. 2011, C. 6 for the **purpose of determining initial and ongoing eligibility and administering rent-geared-to-income assistance and other social housing programs under the Housing Services Act**. Questions about this collection may be made to the United Counties of Leeds and Grenville, Clerk's Department, 25 Central Avenue West, Suite 100, Brockville, ON K6V 4N6

CONSENT

1. I/we the undersigned consent to the release of information to an authorized representative of the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department for the purpose of determining initial or ongoing eligibility for rent-geared-to-income (RGI) assistance and/or special needs housing including placement on any applicable waiting lists.
2. Without restricting the generality of the consent in paragraph 1, I/we specifically consent to the release of information relating to any assets held in any financial institution by or on behalf of me, my spouse or same-sex partner, and any dependents in my household.
3. That the United Counties of Leeds and Grenville may verify my/our income and assets declared by completing a consumer credit inquiry.
4. I/We consent to an authorized representative of the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department or any of its agents under contract disclosing to any party, personal information about me, my spouse, or same-sex partner, and any dependents included in my household for the purpose of determining initial or continuing eligibility for RGI assistance and/or special needs housing including placement on any applicable waiting lists.

DECLARATION

All members of this household declare that I/we:

1. Understand that only the person(s) listed on this form may live in the premises.
2. Will notify the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department within 30 days of any changes in my/our circumstances/application.
3. Understand the requirements for reporting household income for each household member and agree to fully comply.
4. Have supplied the information in this form to the best of my/our knowledge and belief. All statements are true and no information required to be given has been withheld or omitted. Specifically, I/we have reported all income received and all assets currently owned by every member of the household.
5. Understand that if anything on this verification form is missing, incorrect or false, the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department may request additional information in order to determine initial or continued eligibility for RGI assistance.
6. Understand that the United Counties of Leeds and Grenville, Community and Social Services Division, Housing Department will use the information provided to determine how much assistance I/we are eligible for.

Applicant/Tenant	Date
Co-Applicant/Co-Tenant	Date

Alternate/Emergency Contact

Contact Name (First, Last)	Contact Phone Number	Relationship	
Contact Street Address	City	Province	Postal Code

Additional Household Members (dependents, other adults)

Last Name	First Name	Social Insurance Number (adults)	Gender (M/F)	Date of Birth (mm/dd/yy)	Relationship to Applicant/Tenant

Are all household members currently living full time at the same address? Yes No

A Custody/Visitation Agreement must be provided for each dependent with a parent that does not live with the household.

The most recent Canada Child Benefit (CCB) statement must be provided for each dependent child.

Has any person moved into or out of the unit? Yes No **Date of change:**

INCOME

All sources of income must be reported for each member of the household. A copy of the most recent Notice of Assessment is required for all adult household members.

Source of Income	Applicant/Tenant		Other Household Member(s)	
	Yes	No	Yes	No
Employed or self-employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Insurance (EI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Safety and Insurance Board (WSIB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ontario Works (OW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ontario Disability Support Program (ODSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Income(s):				
Canada Pension Plan (CPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Age Security (OAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Pension(s) including U.S. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Retirement Income Fund (RRIF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assets

Description	Value	Applicant/Tenant		Other Household Member(s)	
		Yes	No	Yes	No
Bank Account(s)					
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Name	Account Number				
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Name	Account Number				

Term Deposits/Guaranteed Income Certificates	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds, Stocks, Shares	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Retirement Savings Plan	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance (with cash surrender value)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate (House, Land, or other property)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation to be Submitted

Most recent Notice of Assessment (NOA) for each member of the household (see sample)

Canada Child Benefit (CCB) and Ontario child benefit (OCB) Notice for all dependents under 18 years of age (see sample notice on back of this page) .

Custody/visitation Agreement for any dependents with a parent that does not live with the household

Please submit completed form to the attention of your Case Manager at the address indicated below:

25 Central Ave. West, Suite 200
Brockville, ON K6V 4N6
Tel: 613-342-3840 or
1-800-267-8146
Fax: 613-342-8908

360 King Street West
Prescott, ON K0E 1T0
Tel: 613-925-0001 or
1-800-406-0420
Fax: 613-925-0301

Mailing Address:

25 Central Ave., West, Suite 200
Brockville, ON K6V 4N6

Sample Notice of Assessment

From Canada Revenue Agency Says Notice of Assessment at the top of the form

For the Tax Year requested

Line	Description	Amount
150	Total income	115,842
	Deductions from total income	8,568
236	Net income	107,274
260	Taxable income	107,274
4150	Total Ontario non-refundable tax credits	633.86
420	Net federal tax	19,226.05
428	Net Ontario tax	10,710.42
433	Total payable	29,936.47
437	Total income tax deducted	28,440.82
482	Total credits	28,440.82
	Penalties	DR 2,432.90
	Interest	DR 784.28
	Balance due from this assessment	DR 4,712.83

2013 RRSP Deduction Limit Statement

RRSP deduction limit for 2013	\$72,334
Minus: Allowable RRSP contributions deducted in 2012	\$0
Unused RRSP deduction limit at the end of 2012	\$72,334
Plus: 18% of 2012 earned income of \$ 0 = (max \$23,820)	\$0
Minus: 2012 pension adjustment	\$0
Plus: 2013 net past service pension adjustment	\$0
Plus: 2013 pension adjustment reversal	\$0
Your RRSP deduction limit for 2013	\$72,334

Sample Canada Child Benefit (CCB) Statement

Page 1 For the Tax Year requested

Page 2 Shows net family income

Lists eligible children

Notice details

Social insurance number: 111 222 333
 Base year: 2015
 Payment period: Jul 2016 - Jun 2017
 Date issued: Jul 20, 2016
 Tax centre: Summerside PE C1N 5Z7

Canada child benefit (CCB) and Ontario child benefit (OCB) notice

We determined your annual entitlement based on the information we have. Please see the detailed explanation section for more information.
 Your annual CCB entitlement is \$15,900.06.
 Your annual OCB entitlement is \$2,706.96.
 Your total annual entitlement is \$18,607.02.

Account summary

Amount deposited: \$1,620.03
 Date deposited: Jul 20, 2016

Information used to calculate your entitlement

2015 family net income	\$37,719
Marital status	Single
Province or territory of residence	Ont
Eligible children	Child Name Child Name

Annual entitlement

Description	(\$) Amount
Canada child benefit	13,388.27
Canada child benefit - NCBS equivalent*	2,511.79
Ontario child benefit	2,706.96
Total	18,607.02

Payment summary

Description	(\$) Amount
Canada child benefit	1,185.14
Canada child benefit - NCBS equivalent*	209.31
Ontario child benefit	225.58
Amount direct deposited	1,620.03

As we continue to move to a paperless environment, the United Counties of Leeds and Grenville (UCLG) has introduced the ability to communicate with clients, tenants, applicants, participants, and service providers by email. In order for authorized staff to communicate with you by email, you must provide consent. Please review the following conditions and risks, and sign the consent to indicate you agree to receive all future communication from the United Counties of Leeds and Grenville, Community and Social Services Division by email.

It is important for you to know that Counties' staff will only use email to communicate information of value for the delivery of Community and Social Services programs. Email will be used to communicate appointments, annual reviews, sharing relevant information (e.g. job fairs, office closures), benefit requests, housing offers, eligibility decisions, etc.

All communications may become part of your file. You have the same right of access to such communications as you do to the remainder of your file. If you have signed consent to share information with other programs administered by the Counties, your email messages may be forwarded to another Counties' staff member as needed to deliver service. Your messages and/or information may be shared with partnered external service providers, for programs you are currently receiving (e.g. childcare provider, social housing provider, employment services provider). We will not share your email messages externally unless you have consented, or authorized by provincial or federal law.

Conditions for use:

- Emails to Counties' staff must include the name of the staff to which you are sending the email, the sender's name and member ID, if applicable.
- If you need to discuss something urgently or communicate time sensitive matters, please call our office.
- Email messages should be brief. Please telephone the office or make an appointment to discuss more involved matters.
- It is your responsibility to follow up with Counties' staff if required.
- It is your responsibility to notify the Counties of any changes to your email address.
- Email messages may be printed and retained.
- Email privileges will be removed for frivolous email, threatening or inappropriate email messages, spamming or excessive messaging resulting from impatience.

What can email messaging be used for?

- Schedule, re-schedule, cancel or confirm appointments
- Sharing information – e.g. change of address, phone number, pay stub or other personal documents
- Sending notice of decisions
- General inquiries - request a form, benefit, referral, etc.
- Attempt to contact when unable to contact by phone

The Counties will reply to your email within one business day during business hours. If response is not received within one business day, the staff may be out of office; please call the office to ensure your needs are met.

Risks of using email:

There are some risks with using email. These risks include, but are not limited to:

- Email is vulnerable to hacking, spam, viruses or someone trying to access your information.
- It is possible for a third party to breach the confidentiality of such communication method and intercept messages without authorization or detection.
- Messages can be accidentally sent to the wrong person by mistyping an email address.
- Email can be altered, forwarded or circulated; stored electronically or on paper; and broadcast to unintended recipients.
- If you share your email address, information may be inadvertently communicated to others.
- Messages may be read on cell phones and laptops, which are vulnerable to being stolen or lost.

Risks can be reduced by ensuring you do not open email messages and attachments from unknown contacts and keeping your email address up-to-date with UCLG. We recommend that you also add UCLG as a “contact” so you can readily recognize emails coming from our office, and UCLG emails will not be sent to Junk Mail.

The United Counties of Leeds and Grenville will make every effort to maintain the security and confidentiality of email information sent and received, but full security and confidentiality cannot be guaranteed. The United Counties of Leeds and Grenville is not liable for breaches of confidentiality caused by yourself.

Initials

I hereby agree and give consent to the United Counties of Leeds and Grenville to communicate with me by email. I understand my email address will not be shared, sold, or used for any purpose other than to support the delivery of services provided to me by the United Counties of Leeds and Grenville, except where required by law. In giving consent, I acknowledge I have reviewed and understand the risks and conditions for communicating by email with the United Counties of Leeds and Grenville, Community and Social Services Division.

This consent is provided voluntarily and will remain valid as long as I am receiving services from the United Counties of Leeds and Grenville, or until such time that I withdraw my consent or email privileges are removed by UCLG.

I give consent to the use of email by and with the United Counties of Leeds and Grenville to support program delivery. Please check the programs for which you consent to email communication.

- Ontario Works
- Housing
- Child Care Fee Subsidy
- EarlyON
- Other: Please specify _____

Email address to use for email messaging: _____

I have received a copy of this "Consent to Email" and "Information Sheet"

Name of recipient (please print)	Signature	Date
Name of spouse, if applicable (please print)	Signature	Date

**** Please note, it is your responsibility to notify us of any changes to your email****

Notice with Respect to the Collection of Personal Information

Personal information provided in this consent and through email messages between clients/tenants/parents/providers and authorized representatives of the United Counties of Leeds and Grenville is collected and used in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, or as otherwise required or permitted by law.

This consent applies to information shared in the form of electronic data exchanges for the delivery of the Ontario Works program, social housing programs, Child Care Fee Subsidy program, and EarlyON programming.