



Hastings County
 Community and Human Services, Housing Services
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Household Composition and Income Review Form

ADDRESS: _____ UNIT # _____

NAME: _____ PHONE # _____
 (TENANT #1)

NAME: _____ PHONE # _____
 (TENANT #2)

VEHICLE (PARKING SPOT): YES / NO STICKER(s) # _____ License Plate(s) _____

Make(s) _____ Model(s) _____ Colour(s) _____

PLEASE IDENTIFY ALL INCOME SOURCES THAT YOUR HOUSEHOLD IS CURRENTLY RECEIVING:

INCOME: List amounts (Gross amounts before tax/other deductions per month) and all sources:

Type	Amount		Type	Amount	
	Tenant #1	Tenant #2		Tenant #1	Tenant #2
OW	\$	\$	ODSP	\$	\$
Full Time Emp.	\$	\$	Part Time Emp.	\$	\$
Self - Employment	\$	\$	E.I.	\$	\$
Old Age Security	\$	\$	Guaranteed Income Supp.	\$	\$
GAINS	\$	\$	Canada Pension Plan	\$	\$
Private Pension	\$	\$	O.S.A.P	\$	\$
W.S.I.B	\$	\$	Spousal Support/Alimony	\$	\$
Band Allowance	\$	\$	Government Sponsorship	\$	\$
Dept. Veterans Affairs	\$	\$	Canada Recovery Benefit (CRB)	\$	\$
RRSP / RIF	\$	\$	Other (IDENTIFY TYPE)	\$	\$

ASSETS: List ALL amounts and sources:

Type	Amount		Type	Amount	
	Tenant #1	Tenant #2		Tenant #1	Tenant #2
RRSP	\$		Bank Account Balance(s)	\$	
Mutual Funds	\$		Stocks	\$	
GIC	\$		Bonds	\$	
House	\$		Cottage	\$	
Mobile Home	\$		Trailer	\$	
Property/Land Value	\$		Mortgage	\$	
RESP	\$		RDSP	\$	
Prepaid Funeral	\$		Life Insurance/Cash Surrender Value	\$	
Motor Vehicle (Over 1)	\$		Other (IDENTIFY TYPE)	\$	

PLEASE TURN PAGE OVER AND COMPLETE OTHER SIDE OF DOCUMENT →

LIST ALL DEPENDENTS & OCCUPANTS OF HOUSEHOLD AND CUSTODY OR VISITATION STATUS

<u>NAME</u>	<u>BIRTHDATE</u>	<u>CUSTODY/VISITATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS ANYONE MOVED IN OR OUT OF THE UNIT IN THE PAST YEAR? IF SO PLEASE COMPLETE

NAME _____ Move In Date _____ Move Out Date _____ Relationship to Tenant _____
NAME _____ Move In Date _____ Move Out Date _____ Relationship to Tenant _____

DECLARATION:

- 1. I declare that all information given for this review is true to the best of my knowledge and that I have not withheld or left out any required information.**
- 2. I declare that no member of my household is currently under a removal order to leave Canada.**
- 3. I will inform Housing Services of the following changes and provide proof of these changes as soon as they occur:**
 - Someone moves in or out of my unit.
 - A full-time student with income stops attending school.
 - I start or stop receiving Ontario Works or ODSP.
 - I am receiving Ontario Works or ODSP and I have an increase in other income.
 - My immigration status in Canada changes.
 - My income taxes are reassessed.
 - I have a large change in the value of my assets or I dispose of any assets.
 - I intend to be absent from my unit for longer than 60 consecutive days or 90 days in a 12-month period
- 4. I will complete my income tax return annually and on time and will advise if my income tax return is reassessed.**
- 5. I understand that the information given for this application may be used for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011.**

Tenant #1 Name _____

Signature _____ Date _____

Tenant #2 Name _____

Signature _____ Date _____

Dependant(s) / Occupants (18 years and older and not a full-time student)

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____