



Nipissing District Housing Corporation  
Société de logement du district de Nipissing

## Family Composition Form

To the best of your ability please confirm, correct, or complete the information below for each person living in your unit. If a new person has moved into your home please add them to this form and indicate their move-in date. If a member of your household is moving out please indicate their move-out date.

Home Address – Street Number and Street Name		PO Box	Effective Date (office use only) / /
City	Postal Code	Unit Number	No. of Bedrooms

Primary Tenant	First Name		Last Name		Social Insurance Number - -		Move Date (M/D/Y) <input type="checkbox"/> In / / <input type="checkbox"/> Out		
	Date of Birth (M/D/Y) / /		Phone Number ( ) -		Email Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Married	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____				Student Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not			<input type="checkbox"/> Separated	
	Citizenship or Immigration Status <input type="checkbox"/> Canadian <input type="checkbox"/> Indigenous <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Refugee <input type="checkbox"/> Deport Order <input type="checkbox"/> Other: _____							<input type="checkbox"/> Divorced <input type="checkbox"/> Widow/ Widower	

Tenant 2	First Name		Last Name		Social Insurance Number - -		Move Date (M/D/Y) <input type="checkbox"/> In / / <input type="checkbox"/> Out		
	Date of Birth (M/D/Y) / /		Phone Number ( ) -		Email Address			Marital Status <input type="checkbox"/> Single	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____				Student Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not			<input type="checkbox"/> Common-Law	
	Citizenship or Immigration Status <input type="checkbox"/> Canadian <input type="checkbox"/> Indigenous <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Refugee <input type="checkbox"/> Deport Order <input type="checkbox"/> Other: _____							<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/ Widower	
Relationship to Primary Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> _____									

	First Name		Last Name		Social Insurance Number - -		Move Date (M/D/Y) <input type="checkbox"/> In / / <input type="checkbox"/> Out		
	Date of Birth (M/D/Y) / /		Phone Number ( ) -		Email Address			Marital Status <input type="checkbox"/> Single	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____				Student Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not			<input type="checkbox"/> Common-Law	
	Citizenship or Immigration Status <input type="checkbox"/> Canadian <input type="checkbox"/> Indigenous <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Refugee <input type="checkbox"/> Deport Order <input type="checkbox"/> Other: _____							<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/ Widower	
Relationship to Primary Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> _____									

### CHILDREN 17 AND UNDER

First & Last Name	Date of Birth (M/D/Y)	Gender (M,F,O)	Student (FT,PT,NOT)	Social Insurance Number	Relationship to Primary Tenant	Move Date (M/D/Y)
	/ /			- -		/ / <input type="checkbox"/> In <input type="checkbox"/> Out
	/ /			- -		/ / <input type="checkbox"/> In <input type="checkbox"/> Out
	/ /			- -		/ / <input type="checkbox"/> In <input type="checkbox"/> Out
	/ /			- -		/ / <input type="checkbox"/> In <input type="checkbox"/> Out
	/ /			- -		/ / <input type="checkbox"/> In <input type="checkbox"/> Out

Office use only

Old Rent	New Rent	Effective Date	Completed By	Date
Approved By				Date

## Gross Family Income and Assets Definition:

"Income" means all gross income, benefits and gains of every kind and from every source. "Gross Household Income" means the income of every household member who is expected to live in the housing applied for, or who now lives in the unit if you have already moved in. Some income may be excluded for Rent-Geared-to-Income Assistance purposes, but it still must be reported.

The following lists provide some of the possible sources of income as well as the usual documentation required to verify the income. If you are unable to provide the documentation or have questions, please contact us at (705) 472-2441.

## Income and Required Proof

<b>Income or Asset</b>	<b>Required Proof (for all not paying full Market rent)</b>
<b>Employment</b>	
<ul style="list-style-type: none"> <li>- Full-time, part-time, casual, seasonal, overtime</li> <li>- Commissions, tips, bonuses</li> <li>- Illness and disability pay</li> </ul>	<ul style="list-style-type: none"> <li>- Nipissing District Housing Corporation will provide you with a "Proof of Employment Income" form for your employer to fill out</li> <li>- Letter from employer or agency indicating gross income or average earnings and length of employment</li> </ul>
<b>Self-Employment</b>	
<ul style="list-style-type: none"> <li>- Tutoring</li> <li>- Babysitting/Child Care</li> <li>- Taxi</li> <li>- Business</li> <li>- Other</li> </ul>	<ul style="list-style-type: none"> <li>- Self-employed less than one year:               <ul style="list-style-type: none"> <li>- Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths.</li> </ul> </li> <li>- Self-employed over one year:               <ul style="list-style-type: none"> <li>- Financial statements prepared by a public accountant, or;</li> <li>- Certified income tax return, and CCRA notice of assessment from the previous year</li> </ul> </li> </ul>
<b>Social Assistance</b>	
<ul style="list-style-type: none"> <li>- Ontario Works (OW)</li> <li>- Ontario Disability Support Program (ODSP)</li> </ul>	<ul style="list-style-type: none"> <li>- Drug card and cheque stub</li> </ul>
<b>Pensions and Allowances</b>	
<ul style="list-style-type: none"> <li>- Old Age Security (OAS)</li> <li>- Canada/Provincial Pension (CPP/QPP)</li> <li>- Pensions/Widow's, Retirement, War</li> <li>- Disability, other Country</li> <li>- War Veteran's Allowance (DVA)</li> <li>- Training Allowances</li> </ul>	<ul style="list-style-type: none"> <li>- Cheque stubs or copy of cheque (OAS); or</li> <li>- Direct bank deposit:</li> <li>- Copy of pass book entries for previous month or monthly bank statements; or</li> <li>- Letter from government agency issuing cheque</li> <li>- Statement from Canada Employment and Immigration or employer.</li> </ul>
<b>Assets</b>	
<ul style="list-style-type: none"> <li>- Interest and dividends from all investments (stocks, bonds, bank/trust/credit union accounts, shares, securities, annuities)</li> <li>- Registered Retirement Savings Plan or Disability Plan (RRSP/RDSP)</li> <li>- Real Estate (house, land, cottage)</li> <li>- Guaranteed Income Certificates (GIC's)</li> <li>- Life Insurance (with a cash surrender value)</li> </ul>	<ul style="list-style-type: none"> <li>- Complete "Proof of Assets" form or copies of bank passbook(s) for the last two months for bank accounts only</li> <li>- Copy of RRSP Statement</li> <li>- Copy of Real Estate Appraisal(s)</li> <li>- Copy of Certificate(s)</li> <li>- Copy of Insurance Policy(ies)</li> <li>- Copy of T3 and T5 tax form</li> </ul>
<b>Support Income or Payments</b>	
<ul style="list-style-type: none"> <li>- Workplace Safety and Insurance Board (WSIB)</li> <li>- Employment Insurance (EI)</li> <li>- Compensation for Victims of Crime Act</li> <li>- Alimony, child support, separation</li> </ul>	<ul style="list-style-type: none"> <li>- Cheque stub or letter from government agency</li> <li>- Sworn affidavit with both the applicant and ex-spouse's signatures or legal document or letter</li> <li>- lawyer</li> <li>- Copy of assessment form and confirmation of other earnings</li> </ul>

**Please enter total income from each category in the spaces provided. All household members 18 years of age and older must fully complete this page.**

<b>Source</b>	<b>Tenant #1 Name:</b> _____	<b>Tenant #2 Name:</b> _____	<b>Tenant #3 Name:</b> _____	<b>Tenant #4 Name:</b> _____
<b>Employment Income</b> - attach "Proof of Employment Income" form				
<b>Tips / Gratuities / Commissions</b> - Indicate Business				
<b>Self-Employment Income</b>				
<b>Employment Insurance (EI) Income</b>				
<b>Ontario Works / ODSP</b> - attach copy of cheque stub and benefit card				
<b>Support Payments Received</b>				
<b>Support Payments Paid</b>				
<b>OSAP / Band Allowance</b>				
<b>Student Income</b>				
<b>Workplace Safety and Insurance Board (WSIB)</b>				
<b>Pension Income</b> - Canada Pension Plan (CPP) - Old Age Security (OAS) - Gains - Veterans Pension / Allowance - Disability Pension(s) - Survivor Pension(s) - Foreign Pension(s) including US Social Security				
<b>Assets</b> - Investments, GIC's, Bonds, Interest income, RRSP, RRIIF, RDSP, Gains				
<b>Annuity Income</b> - includes life and fixed term annuities				
<b>Any Other Income</b>				

**ENSURE THAT THIS PAGE IS FULLY COMPLETED**

**Collection and Use of Your Personal Information**

Nipissing District Housing Corporation Non-Profit will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application for tenancy, and its attachments; including contracts from various utility companies;
- calculating your rent;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of Nipissing District Housing Corporation's auditor to verify financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency.

**Disclosure of Your Personal Information**

The Nipissing District Housing Corporation will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- to any social agency providing any form of assistance to you, or government subsidy under the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act, or any government department responsible for social housing programs under the Social Housing Reform Act or;
- to the Government of Canada, a department, ministry or agency of it without further notice to you if the information is necessary for the purpose of administering or enforcing the Income Tax Act (Canada) or the Immigration Act;
- to a representative or agent of the Children's Aid Society as it relates to services provided by their agency and relevant to your tenancy with the Nipissing District Housing Corporation;
- to any agent working on behalf of Nipissing District Housing Corporation for the purposes of complying with the Social Housing Reform Act;
- to relevant agencies or next-of-kin in case of emergency;
- to credit bureaus and other businesses that provide credit or rental history information about you;
- to a third party in connection with the potential or actual sale, names or types of all other to which personal information will be disclosed, as appropriate.

**In case of emergency please contact (check all that apply):**     Next of Kin                       Power of Attorney

Next of Kin:                      Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Power of Attorney:                      Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

\*\* If some members of your household require different Next-of-Kin or Power of Attorney please attach the information to this form on an additional hand-written page.

<b><u>Statutory Declaration (Please place your initials in the appropriate Yes or No boxes):</u></b>	<b>Yes</b>	<b>No</b>
I have read and understand the information about Collection, Use and disclosure of personal information.		
The information we put on this form as the occupants of the unit, and the gross household income is accurate and complete. No household assets or income have been concealed or omitted from this form.		
I have been notified and acknowledge that all Nipissing District Housing Corporation tenants are required to hold a current tenant insurance policy, which includes a minimum of \$500,000 liability coverage as part of the annual review, and I have provided proof that I hold an acceptable policy.		
I understand that failure to supply the Nipissing District Housing Corporation with accurate and complete information on this form by the date specified may disqualify me/us for rent-gear-to-income assistance and might result in the termination of my/our tenancy or other legal action.		
Signatures of all household members that are 18 years of age must be included below.		

\_\_\_\_\_  
Signature Tenant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Tenant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Tenant #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Tenant #4

\_\_\_\_\_  
Date