

**BRIDLE MANOR CO-OPERATIVE INC.**

Family Composition, Income and Assets Review

To be eligible for assisted rental housing you must complete this form.

The information obtained will be used to calculate your geared-to-income rent and establish your eligibility for assisted rental housing.

**INSTRUCTIONS FOR COMPLETION OF THIS FORM:**

1. Please read the next pages, which contain the definition of income and examples thereof; and the rest of the form before completing.
2. All members 16 years and over must complete and sign the last page of the attached form. Please have your signature(s) witnessed.
3. Please print clearly in block letters
4. (a) Each employed member must provide verification from their place of employment.  
(b) Each member in receipt of Social Assistance must provide verification of assistance.  
(c) Each self-employed member must provide confirmation of **current** income.  
(d) Each member attending school full-time must provide proof thereof.  
(e) All other forms of income must be supported by documents for verification purposes.  
(f) A Notice of Assessment must be provided to the office every year by August 31<sup>st</sup>
5. Members must also return:
  - (a) Verification from other persons living in the premises who are employed, self-employed or in receipt of social assistance.
  - (b) For other persons living in the premises, who are student and age 16 years and over, proof of full-time attendance at school.

### **Other Forms of Income:**

- < Worker's Compensation Payments
- < Insurance Payments
- < Student Grants
- < Provincial or Municipal Payments
- < Unemployment Insurance Commission Payments (UIC)
- < Payments under Compensation for Victims of Crime Act
- < Payments from Official Guardian or Public Trustee
- < Payments from Children's Aid Society or Catholic Children's Aid
- < Separation Payments
- < Alimony Payments
- < Support Payments (for spouse of child)
- < Support from relatives or other sources
- < **One-time-lump-sum payments (inheritances, court and out of court settlements)**
- < Mortgage Income

### **Income Producing Assets:**

- < **Farm Property which produces income**
- < **Real Estate (residential, commercial, farmland, cottage, mobile home) which produces rental income**
- < **Licence which produces income (e.g., Taxi Licence)**
- < **Business interest which produces income**

### **Non-Income Producing Assets:**

- < **Life Insurance (with a cash surrender value)**
- < **Registered Retirement Saving Plan**
- < **Real Estate (houses, condominium, summer cottages, farmland, commercial or vacant land)**
- < **Collection of, or investments in, other valuable non-income producing assets**
- < **Business interest which does not produce income**

### **Definition of Income:**

"Income" means all income, benefits and gains, of every kind and from every source including, but not limited to the following:

- (a) gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;

T4 slips or income tax returns are not acceptable documentation by themselves.

**2. If you are receiving social assistance:**

< a copy of your most recent drug benefit card and cheque stub or a letter from your worker is sufficient.

**3. If you receive a pension:**

< submit a confirmation letter; or

< copies of your monthly pension cheques or the slips sent to you with the cheque.

**4. If you are self-employed:**

< a letter of financial statement from a chartered accountant indicating:

a) the net income of your business and,

b) total withdrawals from your business as personal salary in the last year; or

< a statutory declaration, sworn before either a notary public or a commissioner of oaths, of your earnings in the past twelve months and projected earnings for the next twelve months. This declaration must be accompanied by your last income tax return.

**5. If you are irregularly or seasonally employed:**

< submit your most recent income tax return and T4 slips as well as confirmation letter from your current employer (or copies of your unemployment warrant cards), and an estimate of your earnings for the next twelve months.

**6. If you are currently unemployed:**

< submit copies of your unemployment insurance warrant cards.

**7. Interest and Dividends:**

< submit a letter from the appropriate bank/trust company to indicate income from the last six months. You will need to support this with copies of T5's when they are available for the current year.

**8. Life and fixed term annuities/income coming from RRIP and RRSP's:**

< provide a letter or statement from applicable company/bank.

**9. Rental Income**

< provide a copy of the lease or rental agreement and a copy of your income tax

**BRIDLE MANOR CO-OPERATIVE INC.  
RENT-GEARED-TO-INCOME APPLICATION FORM**

Member's Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

=====

**Member No. 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Phone No.: ( ) \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

( ) Male: ( ) Female:

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widow/er  
 ( ) Common-Law

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**Member No. 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

( ) Male: ( ) Female:

Marital Status: ( ) Single ( ) Married ( ) Divorced  
 ( ) Separated ( ) Widow/er ( ) Common-Law

**Member No. 3:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

( ) Male: ( ) Female:

Marital Status: ( ) Single ( ) Married ( ) Divorced  
 ( ) Separated ( ) Widow/er ( ) Common-Law



**Member No. 2- CURRENT INCOME ALL SOURCES**  
 (Please attach verification for each source of income)

a)	<b>1st Employment:</b> (attach all verification) Employer's Name & Address _____ _____	<b>Gross Monthly Income:</b> \$ _____
	<b>2nd Employment:</b> (attach all verification) Employer's Name & Address _____	\$ _____
b)	<b>Social Assistance:</b> (attach verification) OW1 _____, OW2____, ODSP _____ How many Beneficiaries: _____	\$ _____
c)	<b>Self-employed:</b> (attach financial statements) Business Name and Address _____ _____	\$ _____
d)	<b>Pension:</b> (attach copy of stubs) Old age Security (OAS) Guaranteed Income Supplement (GIS): Canada Pension Plan(CPP): Other: _____	\$ _____ \$ _____ \$ _____ \$ _____
e)	<b>Other Income:</b> (attach verification) What type? _____ _____ _____	\$ _____ \$ _____ \$ _____
f)	<b>Income Producing Assets:</b> (attach form 1) Type                      Balance                      Account# Chequing _____ savings _____ other _____	\$ _____ \$ _____ \$ _____ \$ _____
g)	<b>Non-income Producing Assets:</b> (List all non-income producing assets) Type                      Value _____ _____ _____	\$ _____ \$ _____ \$ _____

Have you ever transferred or given away any property, real estate, investments or other funds to relatives or friends?  
 If so, provide details: \_\_\_\_\_

**Member No 3. CURRENT INCOME ALL SOURCES**  
 (Please attach verification for each source of income)

a) **1st Employment:** (attach all verification) \$ \_\_\_\_\_  
 Employer's Name & Address \_\_\_\_\_

\_\_\_\_\_ **2nd Employment:**(attach all verification)  
 Employer's Name & Address \$ \_\_\_\_\_

b) **Social Assistance:** (attach verification) \$ \_\_\_\_\_  
 OW1 \_\_\_\_, OW2 \_\_\_\_, ODSP \_\_\_\_\_  
 How many Beneficiaries: \_\_\_\_\_

c) **Self-employed:**(attach financial statements) \$ \_\_\_\_\_  
 Business Name and Address \_\_\_\_\_

d) **Pension:** (attach copy of stubs)  
 Old age Security (OAS) \$ \_\_\_\_\_  
 Guaranteed Income Supplement (GIS): \$ \_\_\_\_\_  
 Canada Pension Plan(CPP): \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

e) **Other Income:** (attach verification)  
 What type? \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

f) **Income Producing Assets:**(attach form 1)  

Type	Balance	Account#	\$
Chequing _____			\$ _____
savings _____			\$ _____
other _____			\$ _____

g) **Non-income Producing Assets:**  
 (List all non-income producing assets)  

Type	Value	\$
_____		\$ _____
_____		\$ _____
_____		\$ _____

Have you ever transferred or given away any property, real estate, investments or other funds to relatives or friends?  
 If so, provide details: \_\_\_\_\_

**Other persons living in the premises, including children (please attach verification for each source of income where applicable)**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**     Male             Female

**Relationship to member no. \_\_\_\_\_:** \_\_\_\_\_

**Name of Employer/Source of Income/ or school attended (full-time):**  
\_\_\_\_\_

**GROSS MONTHLY INCOME:\$** \_\_\_\_\_

= ++++++

**Please indicate any change to your family composition during the past 12 month period:**

\_\_\_\_\_

**Name of person to be contacted in case of emergency:**

\_\_\_\_\_ **Home Phone No.:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Bus. Phone No.:** \_\_\_\_\_

**Name of Family Doctor:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_



**Member No. 1**

**Members Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

To Whom it May Concern:

The housing/rent charged to Bridle Manor Co-Operative Inc. members is based in part on their gross income. Please provide all available information as requested for the Member(s) named above. All information will be treated as "confidential".

**Savings/Checking Accounts:**

Account No.	Balance	Current Interest Rate (%)	Interest Earned in Last 12 months
_____	_____	_____	_____
_____	_____	_____	_____

**Term Deposits, Investment Certificates, etc.**

Security	Value (\$)	Current Interest Rate (%)	Maturity Date	Interest Earned in Last 12 months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**R.R.S.P'S**

Registration No.	Value (\$)	Valuation Date	Type of RRSP
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Institution: (Please attach 3 months consecutive bank statements)**

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**VERIFICATION OF ASSETS - Member No. 1**

**(FORM 1)**

**It** is the responsibility of the Member to have this form completed by a Bank, Trust Company or Credit Union and to ensure that it is returned to Bridle Manor Co-Operative Inc. If more than one form is required, please contact Bridle Manor Co-operative Inc. at (416)497-6781.

This form is for verification of the income producing assets listed below. If you have other types of Income Producing Assets, please contact Bridle Manor Co-operative Inc. Regarding proper verification.

I. \_\_\_\_\_ and

I, \_\_\_\_\_

residing

at: \_\_\_\_\_

\_\_\_\_\_

Hereby authorize that information requested below be given to Bridle Manor Co-operative Inc. as required.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date:

**DECLARATION:**

I make the following representation and warranties knowing that they will be relied upon by Bridle Manor Co-operative Inc. To assess my qualifications for continued rent subsidy and to establish my rent:

1. I have read over the Definitions of Income and Gross Family Income set out in this form and I fully understand them.
2. The information given in the form as to the occupants and the unit and the gross family income is accurate and complete.
3. I authorize Bridle Manor Co-operative Inc. to make any inquiries that it deems necessary to verify the information given in this form. I agree to provide any support material which Bridle Manor Co-operative Inc. may require. I authorize any person, corporation, or any social agency having knowledge of any required information to release such information to Bridle Manor Co-operative Inc. I further authorize Bridle Manor Co-operative Inc. to provide the information set out in this form to any special agency providing any form of assistance to me.

\_\_\_\_\_  
Signature of Member (1)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Member (2)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Member (3)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date: