

#### IMPORTANT: ANNUAL RGI REVIEW PACKAGE

This package contains important information about your rent and RGI Assistance. If you have questions, please call your Community Tenant Service Worker.

Circle Community LandTrust is required by the *Housing Services Act* to review your household's continued eligibility to receive RGI Assistance and rent. You must complete and submit the following forms and documentation to Circle Community Land Trust by MAY 31, 2024. Complete packages must be sent or delivered to us at 365 Bloor Street East, Suite 1902, Toronto, Ontario M4W 3L4. If you do not, you may lose your subsidy and will have to pay market rent.

Annual Household Income Review Form (enclosed)
Consent and Declaration Form (enclosed)
Annual Household Asset Declaration Form (enclosed)
Copies of last year's Notice of Assessment for each member of the household who is 16
years of age and older, and does not qualify as full-time student*
A copy of government issued picture identification or Canadian Status documentation
for each member of the household who is 16 years of age and older

For each member of your household that receives Social Assistance (OW or ODSP), the following must also be submitted:

- A recent Statement of Assistance that includes amount paid to the benefit unit, the benefit unit's address, and the names of all household members included in this benefit (or a copy of the proof of social assistance from MyBenefits account)
- If receiving Canadian Pension Plan Disability (CPP-D), a T4A(P) for last year
- If receiving Old Age Security (OAS) Spouse's Allowance, a T4A(OAS) for last year

To receive an employment deduction, for each member of your household that received employment income last year, <u>ONE</u> of the following must also be submitted:

- Proof of Income statement
- T4



- Letter from employer and pay stub
- Proof of Wage-loss replacement/Loss of Earnings benefits from WSIB

If any member(s) of your household has a Registered Disability Savings Plan (RDSP), the following must also be submitted:

Annual RDSP statement from the institution holding the investment from last year

\*Full-time student is a student attending a recognized educational institution who is taking at least 60% of a full course load, as determined from the course calendar of the educational institution, or at least 40% of a full course load in the case of a student with a permanent disability.

Sincerely,

Circle Community LandTrust



## ANNUAL HOUSEHOLD INCOME REVIEW FORM

Please have one person complete this form for all members of your household.

Address (number and	d street				
name):					
Apartment or unit nu	ımber:				
Postal code:					
Number of bedroom	s in your				
unit:					
Number of people in	your				
household:					
Has the number of pe	eople in your				
household changed s	ince your	□Yes	□No		
last review?					
Has there been any o	hange to the				
citizenship or immigr	ation status	□Yes	□No		
of any member of th	e Household				
since the last review	?				
	_				
Part 2: Contact Inform	nation				
We ask that you provi	de one contac	t for the I	Household. Th	is person will be th	e main contact
and will have authority	y to instruct us	on the T	enant(s) beha	lf.	
Drimary Contact					
Primary Contact	Phone	Alton	nativa Dhana	Email*	
Name (First, Last)		Alternative Phone Number (if any)		Elliali	
	Number	Numi	er (II any)		
*By giving us an email	here, you con	sent to u	s using it for th	ne delivery of allow	<i>r</i> able
documentation under the Residentia		al Tenanc	ies Act. If you	do not consent to s	such use, please
indicate below by che	cking the box.				
	CONCENT				
□ I/WE DO NOT (					



We ask that you provide an additional Emergency Contact, below. This person will only be contacted in the event of an emergency and the Primary Contact cannot be reached.

<b>Emergency Contact</b>	ţ		
Name (First and	Phone	<b>Alternative Phone</b>	Email*
Last)	Number	Number (if any)	

### **Part 3: Household Member Information**

Complete this information for EACH member of your household. Include everyone who lives in your unit. Start with yourself.

HOUSEHOLD MEMBER #1 (the person completing this form)				
Last Name:				
First Name:				
Date of Birth: (DD/MMM/YYY)				
Status in Canada: (Canadian				
Citizen/Permanent				
Resident/Convention				
Refugee/Refugee Claimant)				
Full-time student?	□Yes	□No		
Does this person have	□Yes	□No		
employment income?				
Is this person receiving Social	□Yes	□No		
Assistance?				
Is a copy of this person's Notice of	□Yes	□No		
Assessment for last year included?				
If the Notice of Assessment is <u>not</u>				
included, why not?				
Does this person owe any money	□Yes	□No		
to another social housing provider				
in Ontario?				



Is any other required	□Yes	□No
documentation included for this		
person?		
HOUSEHOLD MEMBER #2		
Last Name:		
First Name:		
Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No
Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		
HOUSEHOLD MEMBER #3		
Last Name:		
First Name:		
Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No



Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		
HOUSEHOLD MEMBER #4		
	T	
Last Name:		
First Name:		
Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No
Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		
HOUSEHOLD MEMBER #5		
Last Name:		
First Name:		



Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No
Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		
meradea (yes or no).		
HOUSEHOLD MEMBER #6		
HOUSEHOLD MEMBER #6  Last Name: First Name:		
HOUSEHOLD MEMBER #6  Last Name:		
HOUSEHOLD MEMBER #6  Last Name: First Name:		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY):		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you:		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant)		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention	□Yes	□No
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant)	□Yes □Yes	□No
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student?		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student? Does this person have employment income? Is this person receiving Social		
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student? Does this person have employment income?	□Yes	□No
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student? Does this person have employment income? Is this person receiving Social	□Yes	□No
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student? Does this person have employment income? Is this person receiving Social Assistance? Is a copy of this person's Notice of Assessment for last year included?	□Yes	□No
HOUSEHOLD MEMBER #6  Last Name: First Name: Date of Birth (DD/MMM/YYY): Relationship to you: Status in Canada: (Canadian Citizen/Permanent Resident/Convention Refugee/Refugee Claimant) Full-time student? Does this person have employment income? Is this person receiving Social Assistance? Is a copy of this person's Notice of	□Yes	□No



Is other required documentation	□Yes	□No
included (yes or no):		
HOUSEHOLD MEMBER #7		
Last Name:		
First Name:		
Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No
Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		
HOUSEHOLD MEMBER #8		
Last Name:		
First Name:		
Date of Birth (DD/MMM/YYY):		
Relationship to you:		
Status in Canada: (Canadian		
Citizen/Permanent		
Resident/Convention		
Refugee/Refugee Claimant)		
Full-time student?	□Yes	□No



Does this person have	□Yes	□No
employment income?		
Is this person receiving Social	□Yes	□No
Assistance?		
Is a copy of this person's Notice of	□Yes	□No
Assessment for last year included?		
If the Notice of Assessment is not		
included, why not?		
Is other required documentation	□Yes	□No
included (yes or no):		



#### **CONSENT AND DECLARATION FORM**

The information on this form is collected as part of the assessment for eligibility to receive the Rent-Geared-to-Income (RGI) subsidy. <u>All household members 16 years of age and older must read and sign this form every year as part of the Income and RGI Review</u>. Please review the sections immediately following to ensure your submission information is accurate.

## I understand that my household can lose its RGI assistance if:

- Any member of my household gives false or incomplete information to the RGI Administrator.
- All members of my household are absent from my unit for longer than 90 days.
- All members of my household do not divest themselves of (transfer, sell, donate or give away) leased or owned residential property that is suitable for year-round use within 180 days of obtaining RGI housing or within 180 days of obtaining the property.
- Members of my household who are 16 years or age or older, who are not receiving basic financial assistance through Ontario Works (OW) or income support through the Ontario Disability Support Program (ODSP), have assets that are not exempt with a total value of greater than \$150,000 (combined non-exempt assets of all applicable household members).

# I understand that my household can also lose its RGI assistance if I do not report to the RGI administrator within 30 days if:

- My household composition has permanently changed.
- A member of my household has ceased to be a full-time student.
- A member of my household has started or stopped receiving social assistance, such as Ontario Works (OW) or the Ontario Disability Support Program (ODSP).
- A member of my social assistance benefit unit (OW or ODSP) had a permanent increase in income that caused the benefit unit's non-benefit income to exceed their non-benefit income limit.
- A member of my household has had their income tax return reassessed or additionally assessed since my last Income and RGI Review.
- There has been any change in any member of my household's right to stay in Canada.



The City of Toronto and their agent - Circle Community Land Trust must collect and retain my personal information to verify my eligibility for RGI. This information will be used to determine:

- if my household continues to qualify for the size of unit we live in.
- if my household continues to be eligible for RGI assistance.
- how much RGI assistance my household qualifies to receive.

I consent to the City of Toronto and their agent – Circle Community Land Trust to make inquiries for investigation purposes regarding information provided in this Income and RGI Review with any government agency, person, or corporation. I understand that inquiries and the disclosure of my personal information to government agencies under the Housing Services Act, 2011 (HSA) may be made without notice. The information on this form, and any attachments, may be shared as necessary with the Ontario Minister of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers, my housing provider, and/or other housing providers and/or service providers for the purposes of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011 (HSA), the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Child Care and Early Years Act, 2014; or as authorized by an agreement made by the City of Toronto with the governments of either Canada or Ontario, or a department, ministry, or agency of either, without further notice to me if the information is necessary for the purpose of administering, enforcing and/or conducting research relating to, a social benefit program, a social housing or RGI assistance program, the Taxation Act, 2007, the Income Tax Act (Canada) or the Immigration and Refugee Protection Act (Canada). I understand that any information on this form or in any attached documents will only be shared in accordance with the HSA, Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and associated regulations.

All household members 16 years of age and older must read and sign this form. By signing, I/we confirm that all the information given about us in this form, corresponding documents and from third parties is true and complete.



Household Member(s)				
1	Name (First, Last)	Signature	Date	
2	Name (First, Last)	Signature	Date	
3	Name (First, Last)	Signature	Date	
4	Name (First, Last)	Signature	Date	
5	Name (First, Last)	Signature	Date	
6	Name (First, Last)	Signature	Date	
7	Name (First, Last)	Signature	Date	
8	Name (First, Last)	Signature	Date	

The City of Toronto and Circle Community Land Trust collect the personal information in this form and the corresponding documents and from third parties under the legal authority of the *Housing Services Act, 2011*, sections 42, 45, 46, 48, 50, 52, 59, 61, 63, 65 and 174. The personal information collected will be used to review your continuing eligibility for rent-geared-to-income assistance or special needs housing, the amount of rent payable by your household and the size and type of unit that your household may occupy.

Questions about this collection can be directed to the Privacy Review Staff, Housing Stability Services, Shelter, Support and Housing Administration, Metro Hall, 55 John Street, 6th Floor, Toronto, Ontario, M5V 3C6, HSS@toronto.ca or by telephone at 416-392-4126.



#### ANNUAL HOUSEHOLD AND ASSET DECLARATION FORM

All members of your household who are 16 years of age or older must declare their assets and provide a current value. Members of your household who receive Social Assistance through Ontario Works (OW) or Ontario Disability Support Program (ODSP) are not required to declare assets. Some types of assets are exempt and do not need to be declared. A full list of exempt assets is at the end of this form.

#### **EXAMPLES OF HOUSEHOLD ASSETS THAT MUST BE DECLARED:**

The following are examples of assets you must declare.

If you have an asset that is <u>not</u> included in the examples, below, and it is also not on the Exempt Assets list, it must be declared.

**Property** (ex. land, house, condominium, cottage, rental/commercial property)

**Investments** (ex. stocks, bonds, guaranteed investment certificates (GICs), index funds, and mutual funds, including foreign investments)

More than one vehicle per household member of driving age including cars, trucks, boats, motorcycles

Cash including money in bank accounts

Business assets over \$20,000

**Funds held in a Tax-free Savings Account (TFSA)** that exceeds the Canada Revenue Agency's (CRA) current individual eligibility requirements

Trust funds of any household members with a disability that are over \$100,000 for that household member



# Section 1 – DECLARATION OF HOUSEHOLD ASSETS Check one: ☐ No member of this household has any assets other than exempt assets. ☐ At least one member of this household has assets that must be declared. **If you** checked this box, list all assets, other than exempt assets, owned by all members of your household below: Household Name of household Asset value in member's member who owns the **Asset type** Canadian percentage of dollars (\$) asset (First, Last) ownership (%)



Section 2 – DECLARA rental/commercial, co	TION OF PROPERTY (ex. lommercial property)	and, house, condominiur	n, cottage,		
Check one:  ☐ No member of this household owns, or jointly owns, property.  ☐ At least one member of this household owns, or jointly owns, property. If you checked this box, list all properties owned, or jointly owned by household members here:					
Name of household member who owns the property (First, Last)  Property type & address  Property type & address  Property type & address  Property type & address  Property type & Assessment Corporation (MPAC) report or if the property is outside Ontario, an independent value assessment)  Ontario, an independent value assessment)					



#### **EXEMPT ASSETS:**

You are not required to declare these assets at the annual RGI review.

#### **Personal Possessions**

One personal motor vehicle per household member

Clothing, jewelry, and other personal items

Household furniture and decorations

Value of a pre-paid funeral

#### **Business Assets**

Tools of a trade that are essential to the work of a member of the household as an employee

Assets of a member of the household that are necessary for the operation of a business that the member has an interest in, up to a maximum of \$20,000 for that business

#### **Retirement Investments & Assets**

Funds held in a registered education savings plan (RESP) for a member of the household or a dependent of a member of the household

Funds held in a registered retirement savings plan (RRSP)

Funds held in a registered retirement income fund (RRIF)

Funds held in a Locked-In Retirement Account (LIRA)

Funds held in a Life Income Fund (LIF)

Funds held in a Life Retirement Income Fund (LRIF)

Funds held in a Registered Pension Plan (RPP)

# **Tax-free Savings Accounts**

Funds held in Tax-free Savings Accounts (TFSA) that is within the Canada Revenue Agency's individual eligibility requirements

# **Disability-related Assets**

Proceeds of a loan taken against a life insurance policy that will be used for disability-related items or services

The beneficial interest in a trust of a household member with a disability up to



maximum value of \$100,000 for that household member if the capital of the trust was derived from an inheritance or from the proceeds of a life insurance policy

Funds held in a registered disability savings plan (RDSP) – if the beneficiary of the plan is a member of the household

### **Government Assistance or Compensation**

Household assets **if every member of the household** is receiving basic financial assistance under the *Ontario Works Act, 1997* or is receiving income support under the *Ontario Disability Support Program Act, 1997* 

Any portion of a payment received under the Ministry of Community and Social Services Act that will be used for the member's post-secondary education within ten (10) years of its issuance, if the payment was received as the result of successful participation in the following program of activities:

- completion of a high school diploma
- development of employment-related skills
- further development of the person's parenting skills

Assets or payments received from existing or future compensatory packages from government, such as Indian Residential School Settlements, Extraordinary Assistance Plan, and Japanese Canadian Redress

#### **Other Excluded Assets**

Cash surrender value of life insurance policies – up to a maximum value of \$100,000 for the entire household

Funds held in an account of a household member in conjunction with an initiative under which a service manager, or an entity approved by a service manager, commits to contribute funds towards the household member's savings goals.

Assets obtained from payments, or payments received as damages or compensation for:

- Pain and suffering due to the injury or death of a household member
- Expenses reasonably incurred as the result of the injury or death of a household member
- Loss of care, guidance, and companionship under the Family Law Act
- Non-economic loss under the Workplace Safety and Insurance Act, 1997 or the Workers' Compensation Act



All household members 16 years of age or older must read and sign this form. By signing, I/we confirm that all household members have declared any and all assets, other than exempt assets, which we have. We also confirm that the information given about us in this form is true and complete.

Household Member(s)			
1	Name (First, Last)	Signature	Date
2	Name (First, Last)	Signature	Date
3	Name (First, Last)	Signature	Date
4	Name (First, Last)	Signature	Date
5	Name (First, Last)	Signature	Date
6	Name (First, Last)	Signature	Date
7	Name (First, Last)	Signature	Date
8	Name (First, Last)	Signature	Date



#### **APPENDIX: GENERAL REMINDER**

As recipients of RGI assistance, you are not required to report most in-year increases in your household income. However, you must report any of the following to us within 30 days of the event:

- There is any change in your household composition (this is who lives in your household).
- Any member of your household has ceased to be a full-time student.
- Any member of your social assistance benefit unit (OW or ODSP) had a permanent increase in income that caused the benefit unit's non-benefit income to exceed their non-benefit income limit.
- Any member of your household has started or stopped receiving social assistance, such as OW or ODSP.
- Any member of your household has had their taxes reassessed or additionally assessed and received a revised Notice of Assessment.

If, between now and your next Annual RGI Review, any member of your household has experienced a permanent change which has resulted in your household's total net income dropping by at least 20%, you may contact us to request an In-year Review.