

**Mimico**

**Co-operative Homes Inc.**

**Board Policy No. 10**

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**Annual Income and Asset Review Process**

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Approved by the Board of  
Directors on  
**March 2, 2011.**

# Annual Income and Asset Review Policy

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## 1. Purpose

The purpose of this policy is to set out the a process for the annual income and asset review for rent-geared-to-income (RGI) households in order to comply with the requirements set out in the Service Agreement between the Coop and the City of Toronto and the *Social Housing Reform Act, 2000* and its Regulations.

This policy sets out who will perform the annual review, how it will be done, method of delivery of documents and when it will be completed.

The policy does not deal with the rules for eligibility. These rules are set out in the City of Toronto “Rent-Geared-to-Income Guide”, “City Guidelines” and the *Social Housing Reform Act, 2000* and it’s Regulations.

## 2. Process

The coop manager will conduct the annual review using HMWorx software provided by the coop. The coop will ensure software upgrades and technical support are maintained. The coop manager will ensure HMWorx forms are updated to comply with changes to City Guidelines and *Social Housing Reform Act* Regulations as required.

Documents related to the annual review process will be addressed to all persons in the household 16 years and over as required, signed by the coop manager and delivered in a sealed envelope to the member unit.

All correspondence, supporting documentation and Notices will be attached to the Annual Income and Asset Review Form and filed in the member file upon completion of the annual review process.

## 3. Annual Review Schedule

The coop will follow the schedule below to conduct the annual review:

Timeline	Task
1 <sup>st</sup> week of August	send annual review package
August 18	deadline to return package

September 16	send notice of proposed decision with opportunity to comment
October 21	review comments received send notice of decision
October 31	deadline to request internal review
Mid November	deadline to conduct internal review
End of November	deadline to advise decision of internal review
December 1	implement housing charge increase

#### **4. Monitoring the Schedule**

The coop manager will keep track of the following:

- date packages sent,
- deadline extensions,
- missing information,
- date application completed,
- Notice of Proposed Decision with Opportunity to Comment
- comments received, waived or expired,
- Notice of Decision letters
- overhoused Notice
- RGI paying market households, households required to seek income and
- households who are deemed ineligible for subsidy due to failure to submit information or meet eligibility requirements.

The coop manager will provide a dated receipt upon request from a household. Progress reports will be reported to the Board of Directors.

#### **5. Internal Reviews**

The process for conducting the internal review is set out in section 6 of the coop's Bylaw No. 34, Social Housing Reform Act Bylaw. Notice forms are attached to Bylaw No. 34

A request for internal review must be delivered to the coop office in writing and received within 10 business days after the Notice of Decision has been received.

The coop manager will advise the Board of Directors of any internal review requests. The internal review will be conducted by the Board of Directors within 10 business days of receiving the request for internal review.

The decision of the internal review will be prepared and signed by the coop manager and delivered in a sealed envelope to the member unit within 5 business days of the board meeting to conduct the internal review.

**6. Sample Documents**

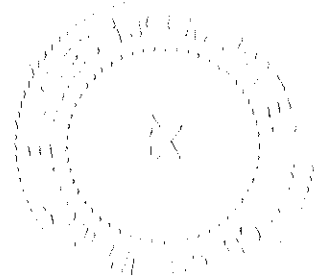
Sample documents *attached*:

- 1. Annual Income and Asset Review Tracking
- 2. Annual Review Cover Letter
- 3. Income and Asset Verification Form
- 4. Notice of Proposed Decision with Opportunity to Comment
- 5. Notice of Housing Charge Decision
- 6. Notice of Overhousing
- 7. Notice of Requirement to Seek Income
- 8. Notice of Termination of Subsidy
- 9. Request for Internal Review

*Passed by the Board of Directors of the Co-operative at a meeting properly held on March 2, 2011.*



Corporate Secretary



# Mimico

## Co-operative Homes Inc.

Name  
Address  
City & Postal Code

### Re: Annual Subsidy Eligibility Review

The Ontario Government and the **City of Toronto** set rules about geared-to-income subsidy. One of the rules is that every year, the co-op must collect information about each household that receives subsidy.

**This is your annual subsidy eligibility review package.  
Please complete the Income and Asset Verification Form  
and return it to the Co-op office on or before**

- 1. Fill out the attached income verification form.**
  - List all the people who live in your unit, including yourself.
  - Report the incomes of every household member aged 16 and over.
  - Report your household's assets.
  - If this applies to you, confirm whether you continue to need your modified unit or support services (if you receive these services from an agency that has an agreement with the co-op).
  - Complete the checklist. We will use your answers to confirm that your household is still eligible to receive subsidy.
- 2. Sign the form.**

When you sign this form, you are:

  - promising that all information in the form is true and complete
  - giving the co-op permission to check the information
  - giving the co-op permission to share the information as allowed under the *Social Housing Reform Act*.
- 3. Attach proof of your income.**

Included in this package is a list of some possible sources of income and a proof-of-income checklist.

**Please remember that in addition to household income verification you are required to submit bank statements and income tax return and Notice of Assessment**

- 4. Return this form and the proof of your income to the co-op office by**

The Ontario Government's rules say that if you do not respond by the deadline, you may lose your subsidy. To regain your subsidy, you must wait your turn on the [REDACTED] central waiting list.

**During the year, do not forget to report changes.**

If any of the following changes after you have returned this form, you must write to the co-op office within 30 days of any change:

- ability to live independently
- immigration status
- student status
- income
- assets (including a share of a residential property)
- household composition.

You must also write to the co-op office if you:

- owe arrears to another social housing provider
- are found guilty of misrepresentation of income or fraud in relation to receiving rent-geared-to-income subsidy.

Please contact the co-op office if you have any questions or need help filling out the form.



# Mimico Co-op

## Income and Asset Verification Form

Unit # \_\_\_\_\_ # of bedrooms \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ phone # \_\_\_\_\_ relationship \_\_\_\_\_

**1. List all the people living in your unit.**

- List everyone including long-term guests, whether they have an income or not. **Do not forget yourself.**

Last Name	First Name	Relationship	Birth Date (M/D/Y)

**2. List the income for each household member aged 16 or over and attach proof-of-income.**

- See the attached "What Counts As Income?" for some examples of income.
- See the attached "Proof-of-income Checklist" for how to prove your income.
- Some household members may have more than one type of income. All types must be listed and proved.

Name of Person with income	Source of Income (name of employer or type of benefit)	Date employment or benefit started	Amount of Income



**3. List the assets for each household member aged 16 or over and attach proof.**

- See the attached "What Counts As Income?" for some examples of assets to include.

<b>Name of Person with assets</b>	<b>Description of Asset</b>	<b>Value of asset</b>	<b>Proof Attached</b>

**4. List all full-time students in your household aged 16 or over and attach proof that they are attending school full-time.**

- Proof includes a copy of the official timetable, or registration letter from the school or OSAP documentation, if applicable.

<b>Name of student</b>	<b>School &amp; Program Information</b>	<b>Attends full-time or part-time</b>	<b>Proof Attached</b>

**5. Please answer the following questions.**

We will use the answers to confirm whether your household is still eligible for subsidy.

		Yes	No
1.	<b>Including yourself</b> , is at least one member of your household 16 years old or older, and able to live independently?		
2.	Is <b>every</b> member of your household a Canadian citizen, a permanent resident or refugee claimant under the <i>Immigration Act (Canada)</i> ?		
3.	Has a deportation order under the <i>Immigration Act (Canada)</i> been made against any member of the household?		
4.	Has a departure order or exclusion order under the <i>Immigration Act (Canada)</i> become effective with respect to any member of the household?		
5.	Does any member of your household owe money to any social housing provider (co-op, non-profit, local housing corporation)?		
	<ul style="list-style-type: none"> <li>• If yes, have you entered into an agreement to repay the amount owed?</li> </ul>		
	<ul style="list-style-type: none"> <li>• If yes, are you making payments as set out in the agreement?</li> </ul>		
6.	Has any member of your household been convicted of knowingly receiving geared-to-income subsidy for which they were not entitled?		
7.	Has any member of the household been found guilty of misrepresenting their income by the Landlord and Tenant Board or a court of law?		
8.	If you live in a special needs unit, do you still need the accessible features or the support services in that unit?		
9.	Do you own residential property or a share in residential property?		

**6. Please read the following information, and sign the form.**

I confirm that all the information given in this form is true and complete.

I understand that if I am found guilty by the courts, or the Landlord and Tenant Board, of giving false or incomplete information to the co-op or another non-profit housing provider, I can lose my subsidy.

I understand that the *Social Housing Reform Act* requires the Co-op to collect personal information about me. I understand the Co-op will use this information to see

- if my household qualifies for the housing we live in
- if my household continues to be eligible for rent-geared-to-income subsidy
- how much rent-geared-to-income subsidy my household qualifies for.

I understand the Co-op may give the information on this form and any attachments, without further notice to me, to

- the City of Toronto or any other person stated in the *Social Housing Reform Act* if the information is needed to make decisions or verify my eligibility for assistance under
  - the *Social Housing Reform Act*, 2000
  - the *Ontario Works Act*, 1997
  - the *Ontario Disability Support Program Act*, 1997 or
  - the *Day Nurseries Act*.
- any government or body with whom the City of Toronto or the Minister responsible for the administration of the *Social Housing Reform Act* has made an agreement under the *Social Housing Reform Act*.
- the government of Canada, a department, ministry, or agency of it, if the information is necessary for the purpose of administering or enforcing the *Income Tax Act* (Canada) or the *Immigration Act*.

I understand that any information on this form or attachments will only be given in accordance with the *Social Housing Reform Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act* and associated regulations.

I agree that the Co-op can receive, through its employees or agents, credit information from any credit agency or any other source.

**This form must be signed by all household members 16 years of age and over.**

	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
1.			
2.			
3.			
4.			

**7. Questions or complaints about the collection, use and sharing of this information.**

If you have any questions or complaints about how this information is being collected, how it will be used and who it may be shared with, please contact the co-op office

**Please attach your proof of income to the Income Verification Form, and return it to the co-op office before the deadline. The form is not complete until all information required is received.**

**Please be sure to include the following for all persons over 16:**

- **Income Tax Return**
- **Notice of Assessment**
- **statements for all bank accounts for last 2 months**
- **statements for all investments**

# What Counts as Income?

There are three types of income:

- income related to employment
- income related to investments
- income for support

What is included in each type of income?

<b>Income related to employment</b>	<b>Income related to investments</b>	<b>Income for support</b>
<ul style="list-style-type: none"> <li>▶ salary or wages</li> <li>▶ bonuses or incentive pay</li> <li>▶ tips or gratuities</li> <li>▶ overtime pay</li> <li>▶ commissions</li> <li>▶ EI (Employment Insurance Benefits)</li> <li>▶ work incentive programs</li> <li>▶ training allowances</li> <li>▶ net income of a business or other self-employment activity</li> <li>▶ WSIB benefits (short-term and long-term)</li> <li>▶ regular payments from accident disability, or illness insurance</li> </ul>	<ul style="list-style-type: none"> <li>▶ interest income from assets and investments (bank, credit union, and trust company accounts; capital gains; term deposits; bonds or debentures; GICs)</li> <li>▶ dividend income from stocks or shares</li> <li>▶ interest portion from any mortgage or loan</li> <li>▶ value of non-income producing assets such as cottage, trailer, precious metals, gems, and art</li> <li>▶ real estate income (such as rental income)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Ontario Works (OW)</li> <li>▶ Ontario Disability Support Program (ODSP)</li> <li>▶ CPP survivor, disability or retirement benefit</li> <li>▶ student grants including OSAP and Skills Development allowance</li> <li>▶ company pensions</li> <li>▶ foreign pensions</li> <li>▶ Retirement Income Fund payments (RIF)</li> <li>▶ RRSP withdrawals</li> <li>▶ annuities (life, fixed term)</li> <li>▶ child support payments</li> <li>▶ spousal support payments</li> <li>▶ sponsorship</li> </ul>

## Proof-of-income Checklist

<p><b>If you are employed</b></p>	<p>Consecutive pay stubs covering <b>most recent</b> eight week period (must include employer's name and address and pay periods covered) including <b>final pay stub for 2009 (or 2009 T4)</b> and first pay stub for 2010,</p> <p><b>OR</b> a letter from your employer (on company letterhead, recently dated) stating how long you have been employed, position, gross annual income including any overtime, commissions or bonuses.</p>
<p><b>If you are self-employed</b></p>	<p>Income tax return (T1 General) including the "Statement of Business or Professional Activities"</p> <p><b>AND</b> Notice of Assessment</p>
<p><b>If you have been self-employed for less than one year</b></p>	<p>An estimate of revenue and expense details for the year.</p>
<p><b>If you are receiving social assistance (Ontario Works, ODSP)</b></p>	<p>Copy of most recent benefit statement <b>AND</b> drug card.</p>
<p><b>If you are collecting employment insurance or skills development allowance</b></p>	<p>A copy of '<b>My Current Claim</b>' from Service Canada website</p> <p><b>OR</b> a letter from Service Canada (1-800-206-7218) clearly showing the start date of claim, waiting period, type of benefit, gross weekly benefit rate, weeks of benefits paid, and end date of claim.</p> <p>A copy of the Skills Development Employment Contribution Agreement with the Ontario Ministry of Training Colleges and Universities showing the training period, assistance period and monthly living allowance</p>
<p><b>If you are a student</b></p>	<p>Documentation from OSAP</p> <p><b>OR</b> letter from educational institution clearly identifying course, course load, length of program, year of study, and study period</p>

<p><b>If you are receiving child or spousal support payments</b></p>	<p>Copy of legal documents such as court order, legal domestic contract,</p> <p><b>AND</b> statement from the Family Responsibility Office showing the accruals and payments for the last 12 months</p> <p><b>OR</b> letter from your lawyer stating the current amount you receive and how often you receive it</p>
<p><b>If you are paying child or spousal support</b></p>	<p>Copy of legal documents such as court order, legal domestic contract and copies of cancelled cheques (showing support paid) or paystubs showing garnishment</p> <p><b>OR</b> letter from your lawyer stating the current amount you pay and the frequency</p>
<p><b>If you are receiving pension, disability or annuity income</b></p>	<p>Bank statements showing monthly federal pensions, provincial income supplements, foreign pensions, private pensions. If income tax is deducted from payments, you must also provide a statement from the provider showing the gross amount</p> <p>Statements for all Retirement Income Fund (RIF) payments received clearly showing the annual amount and frequency of payments.</p> <p>Letter from Service Canada (1-800-277-9914) showing details of Old Age Security (OAS) and Canada Pension Plan (CPP) benefits and any deductions for income received from the federal government</p>
<p><b>If you have assets</b></p>	<p>Copy of all passbooks and other documents <b>OR</b> a letter from your bank, credit union, or trust company stating the total assets</p>
<p><b>If you have non-income producing assets</b></p>	<p>Copy of appraisal showing value of asset</p>

Don't forget to include your Income Tax Submission, Notice of Assessment and statements for all bank accounts and investments

Mimico Co-operative Homes Inc.  
1 Summerhill Road, Suite 100, Toronto, ON M8V 1R9  
Phone (416) 255-1807 Fax (416) 255-0510

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Date

Name(s)

Unit #

1 Summerhill M8V 1R9

**Re: Proposed Housing Charge Increase with Opportunity to Comment**

To: «1Name»  
«2Name»  
«3Name»  
«4Name»

The Co-op has completed its review of the information you provided about your household and determined your household is still eligible for rent-geared-to-income assistance. This is your notice that the Co-op is considering the following decision about your household:

Your housing charge will **increase** to \$«FamRent» effective «RentEffective».

A copy of the housing charge calculation is *attached*.

Any member of your household may comment on the information described in this notice before the decision is made. Comments must be **in writing** and must be received by **«30 days from date above»**.

If we do not receive comments by the above date, we will assume that you have no comments, and will make our decision based on the information we have.

Sincerely,

Name  
Manager

*Attached: Housing Charge Calculation*



# Mimico Co-operative Homes Inc.

1 Summerhill Road, Toronto, ON M8V 1R9  
Phone (416) 255-1807 Fax (416) 255-0510

---

Date

Name(s)

Unit #

1 Summerhill Road  
Toronto, ON M8V 1R9

## **Re: Notice of Housing Charge Decision – Eligible for Internal Review**

To: <1Name>  
<2Name>  
<3Name>  
<4Name>

This is to notify you that a decision has been made about the amount of rent-geared-to-income assistance your household is eligible for.

On <ProposedSentDate> we sent you a notice of Proposed Decision and advised you that you could submit comments on the proposed decision. The final date for us to receive your written comments was <CommentExpiry>.

We did not receive comments from anyone in your household and, as a result, made a decision on <DecisionSentDate>.

This means that the housing charge for your unit will **increase** as stated in the Notice of Proposed Decision to \$<FamRent> effective <RentEffective>.

If you do not agree with this decision you may request and Internal Review. A request for Internal Review must be in writing and received by <11 business days from date of this notice>.

Please be reminded that you must report any changes in who lives in your unit, income and assets and changes in student or immigration status within 30 days of any change. Failure to report changes in household information may result in termination of subsidy.

Please contact the coop office if you have any questions.

Sincerely,

Name  
Manager

Mimico Co-operative Homes Inc.  
1 Summerhill Road, Suite 100, Toronto, ON M8V 1R9  
Phone (416) 255-1807 Fax (416) 255-0510

---

Date

Name(s)

Unit #

1 Summerhill Road  
Toronto, ON M8V 1R9

**Re: Notice of Overhousing – Eligible for Internal Review**

To: «I1Name»  
«I2Name»  
«I3Name»

This is to notify you that a decision was made on «DecisionSentDate» about the type and size of unit for which your household is eligible, if your household pays or will pay a geared-to-income housing charge or is a special needs household. This is the notice referred to in section 32 (2) of Ontario Regulations 298/01 and section 3.9 of the Co-op's SHRA By-law (Overhoused Geared-to-Income Households)

The following decision was based on the information you provided about your household:

- You are overhoused, and
- Your name has been placed on the Co-op's Internal Waiting List for a one bedroom unit

Please note the following:

- You will be offered an appropriate unit when one becomes available,
- If after one year, you have not moved to a unit of appropriate size, your name will be added to the Service Manager's centralized waiting list, Toronto Housing Connections,
- You have the right to refuse an offer,
- If you refuse 3 offers you will lose your subsidy

If you do not agree with this decision you may request an Internal Review. A request for Internal Review must be in writing and received by «ReviewExpDate».

Please be reminded that you must report any changes in who lives in your unit, income and assets and changes in student or immigration status within 30 days of any change. Failure to report changes in household information may result in termination of subsidy.

Please contact the coop office if you have any questions.

Sincerely,

Name  
Manager

# Mimico Co-operative Homes Inc.

1 Summerhill Road, Toronto, ON M6R 1V4  
Phone (416) 255-1807 Fax (416) 255-1807

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Date

Name(s)

Unit #

1 Summerhill Road  
Toronto, ON M8V 1R9

## **Re: Notice of Requirement to Seek Income**

To: «I1Name»  
«I2Name»  
«I3Name»

After reviewing the information you provided about your household income, we note that **(Name of person(s) who should seek income)** may be eligible to receive income from one or more of the following:

- Basic financial assistance under the *Ontario Works Act, 1997*
- Support under the *Divorce Act (Canada)*, the *Family Law Act* or the *Interjurisdictional Support Orders Act 2002*
- Benefits under the *Employment Insurance Act (Canada)*.
- Any pension or other benefit that an individual who is 65 years of age or older is or may be entitled to receive from the Government of Ontario or the Government of Canada, other than a pension or other benefit that is available to an individual before the month in which the individual attains 65 years of age.
- Support or maintenance resulting from an undertaking given with respect to the member under the *Immigration Act (Canada)* and the *Refugee Protection Act (Canada)*.

You are required to apply for that income and to make reasonable efforts to do whatever is required for the purpose of obtaining a decision on the application and receiving that income.  
*O.Reg. 298/01 s. 12 (5) and (6).*

You must provide the Co-op with proof that you have applied for or have made a reasonable effort to obtain this income by **Enter deadline date.**

Please provide a copy of the original application or a letter confirming that an application has been completed or filed on your behalf.

If we do not receive a response by **same date as above,** or we conclude, on the basis of your response, that you have failed to make reasonable efforts to obtain the income identified above, you will no longer be eligible for rent-geared-to-income subsidy. *O.Reg. 298/01 s. 12 (7).*

If you have any questions, please contact the coop office.

Sincerely,

Name  
Manager

# Mimico Co-operative Homes Inc.

1 Summerhill Road, Suite 100, Toronto, ON M8V 1R9  
Phone (416) 255-1807 Fax (416) 255-0510

---

Date

Name(s)

Unit #

1 Summerhill Road  
Toronto, ON M8V 1R9

## **Notice of Termination of Subsidy**

To: «I1Name»  
«I2Name»  
«I3Name»

This is your notice that the Co-op made a decision on «DecisionSentDate» about your household. The decision is that you are no longer eligible to receive housing charge assistance and:

Your housing charge will **increase** to \$«FamRent» effective «RentEffective»

The co-op made this decision because:

- On ??? the Co-op sent you the annual income and asset review package. The deadline for returning the information was ????. You did not provide the information requested.
- On ??? the Co-op sent you a reminder to return the annual income review package and extended the deadline to ??? You did not provide the information requested.

Since you have not provided the information requested about your household income, the Coop cannot determine that you are eligible to continue to receive rent-gear-to-income assistance and must terminate your subsidy.

If you require rent-gear-to-income assistance in the future you must re-apply for assistance through Toronto Housing Connections centralized waiting list. When your name is at the top of the waiting list for subsidy you will be given the assistance if you still meet all of the eligibility rules.

If you do not agree with this decision you may request an Internal Review. A request for Internal Review must be in writing and received by «ReviewExpDate».

Sincerely,

Name  
Manager

# How to Request an Internal Review

The following decisions can be appealed if you think the Co-op made a wrong decision:

- that your household is not eligible for geared-to-income assistance.
- that your household is not eligible for special needs housing.
- about the type and size of unit for which your household is eligible, if your household pays or will pay a geared-to-income housing charge or is a special needs household.
- about the category into which your household will be placed on the internal waiting list or special needs waiting list
- about the amount of a geared-to-income housing charge payable by your household.
- about a request for deferral of a geared-to-income housing charge payable by your household.

To request an internal review complete the attached form and submit it to the Co-op office **within 10 business days of the date of the decision.**

- The internal review will be conducted by representatives from the board of directors. No one who took part in making the original decision will participate in the internal review.
- The meeting to conduct the internal review will be held **within 10 business days of the receipt** of your written request for the review. You will receive written notice of the meeting.
- You can arrange for someone to attend the internal review with you.
- You should provide the Co-op with any additional information you have that could help in the review of the decision.
- The Co-op can make any decision that could have been made originally. This decision could be more favourable or less favourable.
- You can withdraw your request for review any time before the internal review is heard.
- You will be advised in writing of the results of the internal review **within 5 business days** of the meeting.

**The internal review decision is final.**

## Request for an Internal Review

Last Name	First Name
Address & Unit #	Postal Code
Home telephone	Work telephone

I am requesting an internal review of the Co-op's decision about:

<ul style="list-style-type: none"> <li>• my housing charge calculation</li> </ul>	<ul style="list-style-type: none"> <li>• a decision about my placement / category on the Co-op's internal waiting list</li> </ul>
<ul style="list-style-type: none"> <li>• a decision that I am overhoused</li> </ul>	<ul style="list-style-type: none"> <li>• a decision that I am not eligible for a wheel chair accessible unit</li> </ul>
<ul style="list-style-type: none"> <li>• a decision that I am not eligible for geared-to-income assistance</li> </ul>	<ul style="list-style-type: none"> <li>• a decision about my request for deferral of geared-to-income housing charge payable</li> </ul>

What was the date of the decision made by the Co-op? \_\_\_\_\_

Please explain why you disagree with the decision that was made by the Co-op.

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Please use extra paper if you need more space. Attach any additional documents that you think are relevant to your case.

Signature

Print Name

Date

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