



BIRCHMOUNT GREEN

### Eligibility and Household Income Review

This is your application package. You **must** fill it out and return it to [info@mahoganymanagement.com](mailto:info@mahoganymanagement.com) within 72 hours.

Here is what to do:

1. Have one person fill out this form for all members of your household.
2. Ensure **Status in Canada** documents (Birth Certificate or Passport) are attached for all household members.
3. All members of the household 16 years of age or older **must**:
  - a. Report their income by submitting the most recent Canada Revenue Agency Notice of Assessment (annual tax return);
  - b. Sign the *Consent and Declaration* Form on page 7 of this document.
4. If applicable, attach proof of enrolment in a recognized educational institution.

This form will allow your housing provider to collect and share the personal information that they will need to verify your income.

Please ensure that you have:

- listed all members of the household
- provided the correct documents

Return this form and all the documents to [info@mahoganymanagement.com](mailto:info@mahoganymanagement.com) within 72 hours.

If you have any questions or need help filling out this form,  
please contact Kyle Neeb at [info@mahoganymanagement.com](mailto:info@mahoganymanagement.com) or call 905-855-1918.

## Household Information

### A. Applicant Information (this will be the main contact for the household)

#### Applicant

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

Date of Birth (YYYY, MM, DD): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Alternative Telephone No.: \_\_\_\_\_

#### Current address

Unit/apt/suite: \_\_\_\_\_ Street Number and Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Unit Type applied for:

1 bdrm ☐

2 bdrm ☐

Barrier-free needed? Yes ☐ No ☐

If yes, Medical Verification form must be provided.

**List all members of your household** – Include everyone who would live in your unit. Start with yourself.

	Last Name	First Name	Relationship to you (Spouse, child, etc.)	Date of Birth:  Day/Mo/  Year	Status in Canada:  Canadian Citizen  Permanent Resident  Convention Refugee or Refugee Claimant
1					
2					
3					
4					
5					

#### **B. Program Requirements**

You may be eligible for the affordable housing program if you meet the following requirements:

- Have legal status in Canada;
- Do not have arrears with a social housing provider or do have arrears with an active payment plan in good standing;
- Do not have an enforceable removal order against you
- Do not own a home suitable for year round occupation; and
- Have a household income that is below the Household Income Limits (combined income not more than 4 times that annualized rent [4 x monthly rent x 12 months]).

**Do you meet ALL these requirements?**

Yes ☐

No ☐

**C. Verification from Canada Revenue Agency Notice of Assessment – Line 23600**

Each member of the household 16 years of age or older must provide their *Canada Revenue Agency Notice of Assessment* (CRA NOA) from the prior calendar year. Providing NOA for each household member is mandatory to determine eligibility for the affordable housing program.

**If this document is provided, no other income verification documents are required.**

	Last Name	First Name	CRA Tax Year	Line 23600
1				
2				
3				
4				
5				

### PREVIOUS ADDRESS

Previous Address 1: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMPLOYMENT DETAILS

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Salary: \$\_\_\_\_\_ per year ☐ per month ☐ bi-weekly ☐ weekly ☐ daily ☐

If employed less than one year with present employer, please provide previous employer information.

Previous Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Salary: \$\_\_\_\_\_ per year ☐ per month ☐ bi-weekly ☐ weekly ☐ daily ☐

### OTHER SOURCES OF INCOME

You must include proof of your other sources of income (ODSP or OW Benefits Statement for social assistance or a copy of your bank statement for pensions.)

Do you receive income from any of the following sources? Yes ☐ No ☐

OSAP: \$ \_\_\_\_\_ Pension Benefits: \$ \_\_\_\_\_

Social Assistance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

*Please provide contact person who can verify the amount of income you receive:*

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### OTHER SOURCES OF INCOME (Second Applicant)

Do you receive income from any of the following sources? Yes ☐ No ☐

OSAP: \$ \_\_\_\_\_ Pension Benefits: \$ \_\_\_\_\_

Social Assistance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

*Please provide contact person who can verify the amount of income you receive:*

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### OTHER SOURCES OF INCOME (Third Applicant)

Do you receive income from any of the following sources? Yes ☐ No ☐

OSAP: \$ \_\_\_\_\_ Pension Benefits: \$ \_\_\_\_\_

Social Assistance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

*Please provide contact person who can verify the amount of income you receive:*

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### REFERENCES:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

## Consent and Declaration

Please have all household members who are 16 years and older sign this form.

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

I agree to allow Birchmount Green Inc. to make inquiries to verify the information given about me in this Household Income Review. I permit any person, corporation, or social agency to release any required information to Birchmount Green Inc.

I understand that the housing provider does not have to notify me before giving information on this form, or in any attached documents, to the City of Toronto or to any government or organization with whom the City of Toronto has an agreement.

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

\_\_\_\_\_  
Signature of household member 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of household member 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of household member 3

\_\_\_\_\_  
Date

If you have any questions or concerns about the collecting and sharing of this information, please contact Kyle Neeb at [info@mahoganymanagement.com](mailto:info@mahoganymanagement.com) or call 905-855-1918.