



**Cornwall & Area Housing Corporation**  
**Société de logement de Cornwall et de la région**

1916, rue Pitt Street, # 11, Cornwall, Ontario K6J 5H3

Tel: (613) 938-7717 B 1-800-267-2435

Fax/Télécopieur : (613)938-6280 E-mail/courriel : [info@cahousing.ca](mailto:info@cahousing.ca)

**Section 1 – Resident Information**

**HOUSEHOLD COMPOSITION FORM**

|   |        |  |                           |  |
|---|--------|--|---------------------------|--|
| Number of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |        |  |                           |  |
| Tenant Name   |        |  |                           |  |
| Street Address  |        |  | Unit No.                  |  |
| City  | E-mail |  | Postal Code               |  |
| Telephone Number  |        |  | Business Telephone Number |  |

You must list **ALL HOUSEHOLD MEMBERS**, including all children. Please indicate if Visitation only.

| Name of Household Member | Date of Birth<br>YYYY-MM-DD | Sex<br>M/F | Relationship to leaseholder | Lives with you<br>Visitation |
|--------------------------|-----------------------------|------------|-----------------------------|------------------------------|
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |
|                          |                             |            |                             |                              |

If anyone has moved in or out of your household since your last subsidy renewal, please indicate  
 In  Out  No Change

|                |                     |
|----------------|---------------------|
| Name of person | Date of move in/out |
|----------------|---------------------|

**Section 2 – Income Information**

You are required to report and provide verification for all sources of income you and all persons of your household receive. Income means all money you receive, from all places.

List of all members of the household and any money that you and all persons living with you are receiving from all sources.

| Household Member Name | Source of Income or School Attended | Gross Income Per Month (before deductions) | Verification Attached        |
|-----------------------|-------------------------------------|--|------------------------------|
|                       |                                     |  | <input type="checkbox"/> Yes |
|                       |                                     |  | <input type="checkbox"/> Yes |
|                       |                                     |  | <input type="checkbox"/> Yes |
|                       |                                     |  | <input type="checkbox"/> Yes |
|                       |                                     |  | <input type="checkbox"/> Yes |

|  |        |  |
|--|--------|--|
| Support payments made<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | Amount | Verification attached?<br><input type="checkbox"/> Yes |
| Support payments received/<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Verification attached?<br><input type="checkbox"/> Yes |

**I declare that the information given in the form as to the occupants of the unit is accurate and complete.**

|                      |      |
|----------------------|------|
| Signature – Tenant 1 | Date |
| Signature – Tenant 2 | Date |
| Signature – Tenant 3 | Date |
| Signature – Tenant 4 | Date |
| Signature – Tenant 5 | Date |

