



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

INCOME REVIEW FORM

Unit Information

Unit	Address	City	Postal Code
Phone Number		Cell Number	
Email Address			

Household Composition

First Name	Last Name	Relationship to you	Date of Birth Day / Month / Year	S.I.N
1.		Self		
2.				

ALL INCOME REPORTED ON THE INCOME FORM MUST BE SUPPORTED

MONTHLY INCOME SOURCES	1 st Tenant	2 nd Tenant
Canada Pension Plan		
Old Age Pension (Basic/Supplement)		
GAINS (mid-month from province)		
Employment Income/OW/ODSP		
Retirement Pension/War Pension		
Other		
ANNUAL INCOME FROM ASSETS (Types of assets: non-income bearing bank accounts, residential property (year-round use), non-residential real estate (cottage, lots), annuity, RIFs, RRSP, Investment Interest)		
Bank name and balance		

PARKING REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Emergency Contact Information

1.Name <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor	Relationship	Phone Number
2.Name <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor	Relationship	Phone Number
3.Name <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor	Relationship	Phone Number

I DECLARE THIS INFORMATION TO BE CORRECT AND AUTHORIZE YOU TO MAKE ANY INQUIRIES TO VERIFY THE ABOVE.

SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

Old Rent \$ _____ New Rent \$ _____ Authorized by _____

Completed by _____ Renewal Date _____

Date _____ Effective Date _____

Notes:
