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| Social Assistance Verification Form | | | | **Peterborough Housing Corporation**  **526 McDonnel Street, Office Suite**  **Peterborough, ON K9H 0A6**  **(ph) 705-742-0439 (fax) 705-742-1404**  **www.ptbohousingcorp.ca phcinfo@ptbohousingcorp.ca** | | | |
| SECTION 1: COMPLETE AND SIGN IF YOU GET OW OR ODSP | | | | | | |
| Last Name   * Mr. * Mrs. * Ms. | | First Name | | | Date of Birth (mm/dd/yy) | |
| Address: Number & Street Name | | Unit No | City | | Postal Code | |
| **I hereby authorize that the information requested below be given to Peterborough Housing Corporation as required under the terms of the lease.** | | | | | | |
| Social Insurance Number | Signature of Recipient | | | | | Date (mm/dd/yy) |

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| **SECTION 2: PLEASE TAKE THIS FORM TO YOUR CASEWORKER TO COMPLETE OR PROVIDE A COPY OF YOUR MOST RECENT CHEQUE STUB AND DRUG/DENTAL CARD** | | | | | | | | | |
| * Ontario Works * Ontario Disability | Number of Beneficiaries | Benefits  ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ | | | | | Deductions  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ | | |
| Client File Number: | | | | Does anyone else live in the unit?  No  Yes, Please Explain: | | | | | |
| **Please list all members of this person’s benefit unit:** | | | | | | | | |
| Name: | | | | | Name: | | | | |
| Name: | | | | | Name: | | | | |
| Name: | | | | | Name: | | | | |
| Name: | | | | | Name: | | | | |
| **Name of Caseworker:** | | | | | | **Title:** | | |
| **Signature of Caseworker:** | | | **Contact Number:** | | | | | **Date:** | |

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| SECTION 3: TO BE COMPLETED BY PETERBOROUGH HOUSING CORPORATION | | | | |
| Tenant Code | Current Rent | No of Non-Beneficiaries | | Non-Beneficiaries Rent |
| Social Assistance Rent | Total Rent | Effective date of Rent Change | | |
| Authorized Signature | | Title | Date (mm/dd/yy) | |