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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) |