



Eastern Health

Mental Health and Addictions Program

# Financial Declaration Housing Subsidy (Part I)



MH1250 1583 02 2017

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 1. PERSONAL INFORMATION:

	APPLICANT	SPOUSE (if applicable)
Name		
Date of Birth		
Address		
Telephone		
HCN :		
Advanced Education Skills (AES):		
SIN :		

Are you currently receiving Income Support Benefits from Dept. of Advanced Education, Skills and Labour?

Yes (If Yes, sign the declaration on page 2)

No (If No, complete the entire package)

## 2. SOURCE OF INCOME:

Have you or your spouse (if applicable) applied for or received any of the following sources of income in the past 12 months?  
If so, please provide verification.

	Applicant					Spouse (if applicable)				
	Applied		Received		Amount Received (Last 60 days)	Applied		Received		Amount Received (Last 60 days)
	Yes	No	Yes	No		Yes	No	Yes	No	
Employment Insurance										
Canada Pension										
Old Age Security										
War Veterans Pension (DVA)										
War Veterans Allow. (Widow/Orphan)										
Severance Pay										
Worker's Compensation										
Insurance Settlements										
Private Pension										
Payment from an Estate										
Income from RRSP's										
Government Pensions										
Income from Rental Property										
Employment										
Other Income (Please Specify)										

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ DD/MONTH/YYYY

Staff's Name: \_\_\_\_\_

Date: \_\_\_\_\_ DD/MONTH/YYYY

Staff's Signature: \_\_\_\_\_

## Financial Declaration Housing Subsidy (Part II)



Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 3. FINANCIAL INFORMATION INCLUDING INVESTMENTS:

Please complete the following if you have a bank account or have income. The following consent form is required to determine funding eligibility.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Client) (Address)

Hereby authorize and request \_\_\_\_\_  
(Name of Bank or Financial Institution)

\_\_\_\_\_ to provide Eastern Health with a financial statement for the current month. I understand that my consent is for the covering period \_\_\_\_\_  
(Bank Address) (Specify Time Frame)

- All credit and debit entries in Account number: \_\_\_\_\_ during the current month including current balance.
- Cash surrender value of investments.

List All Banks (& Branch) and Account Numbers	Balance
1. _____	_____
2. _____	_____

Investment Type	Policy Number	Amount	Date of Maturity
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Trusts	_____	_____	_____
Life Insurance	_____	_____	_____
Other	_____	_____	_____

### 4. FINANCIAL DECLARATION:

I declare that the above information is true to the best of my knowledge. I have not concealed or omitted any information concerning my financial condition or the financial condition of my spouse, if applicable. **Changes in these circumstances or conditions will be reported to the Financial Assistance Officer/Social Worker before or as they occur to avoid overpayment.**

I understand that I will be required to apply for any allowance for which I may become eligible.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MONTH/YYYY

Staff's Name: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MONTH/YYYY

Staff's Signature: \_\_\_\_\_