Sample Covering Letter

Date

Name Address Province Postal Code

Dear: Insert Name:

In order to determine eligibility for the upcoming vacancy discussed with you today, and before an official offer for this rent-geared-to-income (RGI) unit can be made, we must re-determine eligibility for RGI assistance. Only households eligible for RGI assistance may move into a RGI unit. This needs to be completed by all members of family 16 years of age or older.

Please submit all of the following documents to the attention of all members 16yrs or older Insert Name of worker and Address, no later than insert date that is 10 business days from now:

- Part B Application Verification of Income and Assets completed and signed by all members 16 yrs. or older;
- The year Notice of Assessment (NOA) provided by the Canada Revenue Agency (CRA) for all adult household members. To request a copy of your Notice of Assessment call 1-800-959-8281:
- Proof of receipt of social assistance (i.e. Ontario Works (OW) or Ontario Disability Support Program (ODSP) if applicable: the most recent monthly Statement of Assistance (benefit statement) or a downloaded copy of the information from My Benefits;
- Proof of full-time attendance at school for all household members over the age of 16 (i.e. report card or Verification of Enrolment);
- Canada Child Benefit (CCB) and Ontario Child Benefit (OCB) Notice for all dependents under 18 years of age;
- Visitation/custody/support agreement for any dependent child with a parent that is absent from the household;
- Verification of real estate (house, land or other property); and
- Verification of all assets (bank, life insurance, LIF, term deposit, stocks and bonds)

Failure to submit the documents requested by the above date may result in a withdrawal of this conditional offer of accommodations. You are advised not to give notice of termination to your current landlord until you have received and accepted a formal offer for accommodation in writing. If you have any questions regarding this letter, please contact me.

Yours truly,

Name of worker Housing Provider 613-Phone no. ext. extension

Example of Notice of Assessment

		Name		Social insurance no.	Tax year	Tax centre		2
Aug 2	21, 2006				2005			
MARKA		or state of the later		Summary	_			007721
Line		MERINE	Descrip	noito		RESIDENCE.	\$ Amount	
150	Total	income			• • • • • • •		45,945	
	Deduct	ions fr	rom total incom	ne	• • • • • •		1,444	
236	Net in	come					44,501	
	Deduct	ions fr	rom net income				34,290	
260	Taxable income						10,211	
350	Total tax cr		l non-refundab	le		• • • • •	2,611	
150	Total tax cr		ba non-refundal	ble			1,693	
420	Net fe	deral t	tax				0.00	0
421	CPP co	ntribut	tions payable				2,840.48	В
435	Total	payable	B				2,840.48	В
437	37 Total income tax deducted						1,193.85	
482	Total credits						1,193.8	5
	(Total	payab	le minus Total	credits)			1,646.63	3
	Penalt	ies				DR	98.80	0
	Arrear	s inter	rest			DR	42.7	4
	Balanc	e from	this assessmen	nt		DR	1,788.1	7
	Balanc		.,	,		DR	1,788.1	7)
	(rieas	e 500 (the explanation	n page)			any outstanding an encing mortgage.	nount to
			Com	Michel Dorais missioner of Revenue				
			Com					
	1 2006	Name		Social insurance no.	Tax year	Tax centre	AD DOC ONO	_
Aug 2	1, 2006		2006 RRSP Ded	luction Limit Statement	2005	Winnipeg I	MB R3C 3M2	=
The bac RRSP Minus Unuse Plus:	deduction : Allowabled RRSP de 18% of 200 Minus: 2006 net	e contains implimit for 200 e RRSP co eduction lin 05 earned i 05 pension	2006 RRSP Ded contant information. Amounts 05	fuction Limit Statement marked with an asterisk(*) cannot b 2005 91 = (max. \$18,000).	2005	Winnipeg !	MB R3C 3M2 9,916 \$0 9,916 5,794 5,710 \$0 \$0	=

Canada Child Benefit (Sample Statement)

