

Dundee Court Housing Co-operative Annual Review

- **Every** member must complete the co-op's **Member Survey** form. This form is required from every unit in the co-op.
- **Every** member must submit a **Pet Registration** form. This form is required from every unit in the co-op.

NEW THIS YEAR: A **photograph of your pet** is required. Attach a photo of each pet listed on your Pet Registration form. If you prefer, you can send photos by email to seanp@canateam.com. Photos sent by email will be printed for your file.

- **Every** member must complete a **Vehicle Registration** form and a copy of the **vehicle insurance certificate** for each vehicle listed on the form.
- **Every** member must submit a copy of their current **Household Insurance Policy**, or certificate of insurance. If you provided a copy earlier this year, thank you.
- The co-op's records show you are currently receiving rental assistance (aka housing charge subsidy). If you wish to apply for Rental Assistance for the start of the co-op's new fiscal year on January 1, 2025, complete the **Request for Rental Assistance - Declaration** form. Please see the instructions included in this package for information about how to complete the form and the income documentation required.

Forms will also be available on the co-op's website soon. Go to: dundeecourtcoop.ca

Please place your completed forms and documents in an envelope and submit them to the drop box at the co-op office or send them by email to seanp@canateam.com.

Deadline for Submission: September 30, 2024

NOTE: Fines apply if you do not submit your forms by the due date. Per co-op policy, members who fail to submit annual review forms by the due date will be charged a penalty of \$5 per day until the forms are received.

New housing charge rates take effect January 1, 2025. A notice will be provided to you in late November showing your new assessed housing charge rate.

If you have any questions, contact me at Cana's office at 604-524-8524, X103 or via email at seanp@canateam.com.

Sean Perry, Property Management Co-ordinator
Cana Management Associates Ltd.
For and on behalf of the Board of Directors
Dundee Court Housing Co-op

MEMBER SURVEY

DUNDEE COURT HOUSING CO-OPERATIVE

AIV for 2025

ADDRESS: _____ Preferred Phone: _____
Unit # Street address

PRINCIPAL MEMBER: _____
Last Name Given Name Initial

E-mail Address: _____
 I authorize delivery of Co-op notices and documents to the email address listed above: _____
(initials)

OTHER RESIDENT ADULTS (Persons 19 years of age or older): *If there are not enough lines, please attach additional pages.*

1. _____ Preferred Phone: _____
Last Name Given Name Initial

E-mail Address: _____
 _____ I authorize delivery of Co-op notices and documents to the email address listed above: YES / NO

Relationship to Principal Member: Spouse Other: _____

Birth date: _____ / _____ / _____ Is this person an Associate Member? Yes / No
mm / dd / yy

2. _____ Preferred Phone: _____
Last Name Given Name Initial

E-mail Address: _____
 _____ I authorize delivery of Co-op notices and documents to the email address listed above: YES / NO

Relationship to Principal Member: Spouse Other: _____

Birth date: _____ / _____ / _____ Is this person an Associate Member? Yes / No
mm / dd / yy

RESIDENT CHILDREN (Persons under 19 years of age): *If there are not enough lines, please attach additional pages.*

1. _____ Birth date: _____ / _____ / _____ Gender: _____
Last Name Given Name mm / dd / yy

2. _____ Birth date: _____ / _____ / _____ Gender: _____
Last Name Given Name mm / dd / yy

3. _____ Birth date: _____ / _____ / _____ Gender: _____
Last Name Given Name mm / dd / yy

FOR TAX GRANT PURPOSES, CHECK ITEMS WHICH APPLY TO YOUR HOUSEHOLD:

- The Principal Member receives PWD BC Benefits
- The Principal Member is 65 years of age or older
- The Principal Member receives an allowance under the War Veterans Allowance Act (Canada) or Civilian War Pensions and Allowances Act (Canada)
- A permanent resident of the unit has a disability as defined under the Tax Regulations and has or can obtain a "Certificate of Health Professional (Form B)"

EMERGENCY CONTACT PERSON: An emergency contact person is required by the co-op. Contact our assigned co-ordinator if you have questions.

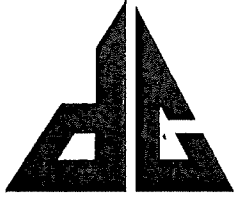
Name: _____ Relationship: _____

Address: _____ Phone: _____ Email: _____

NOTE: All information provided on this form will be managed in accordance with the co-op's obligations under the Freedom of information and the Personal Information Protection Act (BC) and used for the purpose of general management and financial planning of the co-op.

----- FOR CO-OP USE ONLY -----

SOURCE	CODE	GROSS	# DEPENDENTS	UTIL	MIN	NOA



DUNDEE COURT

#2 - 5380 Dundee Street, Vancouver, B.C. V5R 5Y6

Living On Common Ground™

PET REGISTRATION FORM

Every household is required to complete this form. If there are no pets in your household, tick No.

Date: _____

Member Name: _____

Unit #: _____

Do you have any pets to register per the co-op's current pet policy: Yes No

If yes, complete the section below and attach a current photograph of your pet.

Type of Pet: Cat Dog **Photograph attached**

Dog License #: _____ Expiry Date: _____

Breed: _____

Gender: Male Female Colour: _____

Name: _____

Neutered /Spayed: Yes No (documentation of spay or neuter required)

Inoculations: Yes No (documentation of last inoculations required)

Type of Pet: Cat Dog **Photograph attached**

Dog License #: _____ Expiry Date: _____

Breed: _____

Gender: Male Female Colour: _____

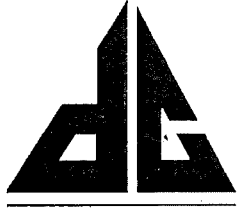
Name: _____

Neutered /Spayed: Yes No (documentation of spay or neuter required)

Inoculations: Yes No (documentation of last inoculations required)

Please list other pets, if any: _____

Do you have a copy of the current pet policy?: Yes No



DUNDEE COURT

#2 - 5380 Dundee Street, Vancouver, B.C. V5R 5Y6

Living On Common Ground™

VEHICLE REGISTRATION FORM

Every household is required to complete this form, even if there are no vehicles for the household.

Date: _____

Member Name: _____

Unit #: _____

Do you have any vehicles to register: ___ Yes ___ No

If yes, complete the section below:

Make of the Vehicle: _____ Model of the vehicle: _____

Colour: _____

License Plate #: _____

Insured for Driving: ___ Yes ___ No

Parking Stall: ___ Underground Stall # ___ Unit Carport ___ Handicapped Stall #

Make of the Vehicle: _____ Model of the vehicle: _____

Colour: _____

License Plate #: _____

Insured for Driving: ___ Yes ___ No

Parking Stall: ___ Underground Stall # ___ Unit Carport ___ Handicapped Stall #

All vehicles (underground parking stalls, handicapped parking stalls and carports) which are not licensed and insured for driving must carry valid storage insurance with third party liability coverage. Provide a copy of the current valid storage insurance policy with this form if your vehicle is not licensed and insured for driving.

Do you have a copy of the parking policy?: ___ Yes ___ No

Request for Rental Assistance - Declaration

FEDERAL COMMUNITY HOUSING INITIATIVE – PHASE 2 (FCHI-2)

New Application Annual Renewal Updated Information Date: _____
 Name of Representative of the Household: _____
 Unit Address: _____

Please identify each individual living in the unit except for those who are financially dependent (1).

Columns A, B and C are mandatory

First and Last Name (A)	Type of Income (B)	Gross Monthly Amount (C)	Relationship (D)	Gender (E)	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify

If the number of lines is insufficient, please attach additional pages.

Please confirm the number of additional individuals living in the unit that are financially dependent (1). _____

- (1) Individual that is financially dependent includes:
- i. an individual who is attending a recognized educational institution on a full-time basis and is under the age of 26;
 - ii. an individual under the age of 18, without dependents; or
 - iii. an individual with a severe and permanent recognized disability which requires constant care.

(B) Type of Income: Indicate one type of income per occupant, per line, ex: employment, social assistance, pension, none, etc. Information in columns D and E do not have to be repeated if an occupant has more than one line of income. Attach all proof of declared incomes.

(D) Relationship: Indicate the relationship connection between the household's representative and the occupants.

(E) Gender: Indicate which option best describes the occupant's gender. If they do not wish to respond, select "Do not wish to identify".



Expected changes to the household within one year:

Joining the Household (expected date)	Leaving the Household (expected date)	First and Last Name
1		
2		
3		
4		

If the number of lines is insufficient, please attach additional pages.

Household declaration:

As official representative of the household, I declare that: (1) I am authorized by all individuals living in the home to disclose their information contained in all documents related to this declaration; (2) all information found in this request for rental assistance is true and complete in every respect; and (3) all occupants who consider this unit their primary residence are included in the declaration.

I/We have included, in this declaration, all proofs of reported incomes.

I/We have attached all proofs of attendance to a recognized educational institution for all individuals between the ages of 18 and 26 (if applicable).

I/We will tell the housing provider right away of any change in the household members and/ or to their income. I/We understand that this information is essential in determining the rental assistance and that the assistance must be adjusted based on the most up-to-date information. Retroactive adjustments could be made if required.

I/We will quickly repay the housing provider all excess money received in the context of this program.

I/We will tell the housing provider right away of additional funds received from programs or sources that have a similar objective as FCHI-2, which is to help low-income households reduce their housing need.

I/We solemnly declare that all members of this household are allowed to reside in Canada.

I/We understand that a false statement by one or more members of the household can result in a suspension or cancellation of all rental assistance through the FCHI-2.

Consent and Privacy Notice:

I/We authorize the housing provider to disclose our personal information to the housing provider's personnel and its auditors on a need to know basis, for the purpose of the administration of rental assistance under the FCHI-2.

I/We also consent to our personal information being shared with Canada Mortgage and Housing Corporation and its representatives ("CMHC") as part of the FCHI-2. This information is collected under the National Housing Act and other applicable laws for the purposes of

- i. validating your eligibility for the purpose of receiving program funding;
- ii. for administering and evaluating the program;
- iii. for analyzing policies and doing research.

As a result, your refusal to share the required personal information could impact your eligibility under this program. CMHC is committed to protecting the privacy, confidentiality and security of personal information that it holds by adhering to the requirements of the Privacy Act with respect to the management of personal information and you are consenting to CMHC's collection, use and disclosure of your personal information in strict accordance with the Privacy Act. Personal Information collected by CMHC for the purpose of this program can be found in the Info Source Publication on the website under the following Personal Information Bank:

CMHC PPU 220, National Housing Strategy Program

The Privacy Act provides individuals with a right to access their personal information that is under the control of CMHC, to request corrections of their personal information and to file a complaint to the Privacy Commissioner of Canada regarding CMHC's handling of their personal information. Any questions, comments, concerns, requests for personal information or complaints related to the treatment of such personal information may be directed to CMHC's Access to Information and Privacy Office at ATIP-AIPRP@cmhc.ca or you may also visit their [website](#).¹

I/We have been advised that information contained in the file related to our request for rental assistance will be treated with confidentiality and conserved in a secure location.

I/We have been informed of the FCHI-2 program guidelines, of the federal investment in our housing and of the responsibilities of our housing provider.

By signing this declaration, I/we also understand and agree to all statements herein. I/ We consent to our personal information being shared with the housing provider's personnel and its auditors as previously stated, and with CMHC and its representatives for the purposes outlined above/ under Consent and Privacy Notice.

Signed _____, at _____,
(first and last name) *(city / locality)*

on _____ 202_____.
(date)

Signature: _____

20221208-003

1 <https://www.cmhc-schl.gc.ca/en/about-us/corporate-reporting/transparency/access-to-information-and-privacy-protection>

Request for Rental Assistance - Declaration Form

To receive **Rental Assistance**, you must complete and sign the Request for Rental Assistance - Declaration form and provide documentation of income.

Complete the form as follows:

- **Name of Representative of the Household:** Write the name of the principal member for the unit in this section of the application form.
- **Unit Address:** Write your full address in this section of the application form.

Table 1 – Individuals Living in the Household and all Incomes of the Household except for those persons who are financially dependent.

- Persons considered financially dependent and do **NOT** need to be individually listed are:
 - Children under 18 years of age, who do not have dependents.
 - Individuals between 18 and 25 years of age who are attending a recognized learning institution on a full-time basis. Documentation from the institution confirming full time student status must be provided.
 - Individuals with a severe and permanent recognized disability which requires constant care.

Print the number of financially dependent individuals living in the unit on the line below the table.

- **First Name and Last Name:** Write the full name of each person residing in your unit in this section of the form as first name, last name, beginning with the principal member on the first line.
- **Relationship:** For each person listed, write the type of relationship this person has to the principal member of the unit (examples: self, spouse, child, common law partner).
- **Gender:** For each person listed, place a check mark in the box that applies for the person's gender. If you do not wish to indicate gender, place a check mark in the box for "do not wish to identify".
- Relationship and gender only need to be indicated once for each person.
- **Type of Income:** The current gross monthly income from each and every source for every household resident must be reported and documented, except for those persons who are financially dependent.
 - For each person who is not financially dependent, write the type of income received for each source of income. If there is more than one source of income received for one person, list each source on a separate line. If the number of lines is not sufficient to list all sources, add additional pages. See **Income Documentation** below for information about each source of income to report.
- **Gross Monthly Income:** For each source of income listed, write the gross **monthly** amount of income received for that type of income.

- **Proof of Income:** Attach photocopies of income documentation for all types of income you list on the form. **Do not attach original documents.** See **Income Documentation** below for information about the types of income documentation required.

Table 2 – Expected Changes to the Household within 1 year

- Complete this section only if you anticipate persons to move-out or move-in to your unit within 1 year of the date of the application.

Household Declaration:

- Write the first name, last name, name of the city where the form is signed, date the form is signed, and the signature of the principal member for the unit in this section of the form.

Income Documentation

The following types of income must be reported under the FCHI-2 agreement for Rental Assistance from CMHC. The types of documentation required for each type of income are listed below.

Complete income documentation is required and must be submitted with your Request for Rental Assistance Annual Household Declaration form to apply for and receive Rental Assistance from the co-op.

2023 Notice of Assessment from Canada Revenue Agency: Required from all non-dependent persons (18 years of age and older) residing in the unit.

The CMHC rental assistance program requires your co-op to complete a review of your reported income compared to your NOA(s). If your total household income per the NOA(s) is higher by \$25.00 gross per month, or \$300.00 gross for the year, than previously reported, the co-op is required to retroactively re-assess your housing charge rate using the household income on the NOA(s).

Canada Revenue Agency is encouraging everyone to access their NOA online through My Account. You can also phone CRA at 1-800-959-8281 to request your NOA. Your Social Insurance Number, full name, date of birth, address and a prior year assessed return or NOA are needed to verify your identity.

- **Employment Income:** Copies of three (3) of your most recent consecutive pay stubs covering a full 2-month period, OR a letter from your employer on company letterhead stating your gross salary and how often you are paid (monthly, semi-monthly, every 2 weeks, etc.). If your income varies more than 20% from pay to pay, recent consecutive pay stubs covering a full 3-month period are required.
- **Employment Insurance (EI) or Workers Compensation (WCB) Benefits:** A copy of your most recent benefit stub or proof of benefits.
- **BC Benefits (BCB):** A letter from your worker stating the type and amount of Shelter and Support benefits, OR your Confirmation of Assistance page from www.myselfserve.gov.bc.ca.
- **Persons with Disabilities (PWD) Benefits:** A letter from your worker stating the type and amount of Shelter and Support benefits, OR your Confirmation of Assistance page from www.myselfserve.gov.bc.ca.
- **Canadian Pensions:**
 - **Canada Pension Plan (CPP) Benefits:** A copy of your current bank statement showing the CPP benefit deposit and your 2023 T4(P) income tax form.
 - **Old Age Security (OAS) and Guaranteed Income (GIS) Benefits:** A copy of your current bank statement showing the OAS benefit deposit and your 2023 T4(OAS) income tax form.
 - **BC Senior's Supplement:** A copy of your current bank statement showing the Senior's Supplement deposit and your 2023 T5007 income tax form.
- **Other Pensions:** Written confirmation from the provider of company pensions, foreign pensions (converted to Canadian dollars), and superannuation.

- **Registered Retirement Income Funds and Registered Retirement Savings Plan Withdrawals:** Copies of all 2023 T4RIF and T4RSP tax slips.
- **Interest and Investment Income:** Copies of all 2023 T5 and T3 tax slips.
- **Bursaries, Scholarships, Grants and Awards:** Documentation from the provider, showing amounts and dates.
- **Foster Care and Respite Care Fees:** Copies of your payment summary or contract.
- **Child Support and Spousal Support Income:** A copy of the legal agreement OR court order OR Family Maintenance Enforcement Plan statement, OR copies of cheques received for income, OR a copy of a lawyer's letter stating support payment amounts, OR a letter from a competent authority stating name of the beneficiary, amounts paid and the payment frequency and dates.
- **Child Support and Spousal Support Payments:** A copy of the legal agreement OR court order OR Family Maintenance Enforcement Plan statement, OR copies of cheques paid, OR a copy of a lawyer's letter stating support payment amounts, OR a letter from a competent authority stating name of the beneficiary, amounts paid and the payment frequency and dates. Payments made are deducted from income reported.
- **Self-Employed or Seasonal Earnings:** A copy of the complete 2023 income tax return, including Statements of Business Activity (if self-employed) and a copy the Notice of Assessment from Canada Revenue Agency. If the self-employment work is recent, a solemn declaration of income and expenses forecast for the year is sufficient. This income will be verified retroactively to confirm the estimated income amounts.
- **Tips:** A written statement of the amount of tips received and the period of time the tips were earned.
- **Wage Replacement Plan:** A copy of your most recent benefit stub or proof of benefits.
- **Other Income:** Please contact me to discuss the documentation required.