

Examples of Documents Needed in Order to Complete Your Annual Rent Review.

Annual Reviews.

Household Composition Form

- Lease holder Name, Address, Parking, Phone number, Source of income, Emergency Contact and Other tenants school/Income DOB
- Signature and Date
- Possibility to sign off as a Market Rent Tenant

Consent Form

- Signatures from all tenants over the age of 16 years old

Required Documents

- Notice of Assessment

Tax assessment			
<small>We calculated your taxes using the amounts below. The following summary is based on the information we have of you and us.</small>			
<small>We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to canada.ca/review-taxes. Keep all your slips, receipts, and other supporting documents in case we ask to see them.</small>			
Summary			
Line	Description	\$ Final amount	CR/DR
15000	Total income	18,000	
23600	Net income	17,050	
26000	Taxable income	17,050	
35000	Total federal non-refundable tax credits	1,650	
61500	Total provincial non-refundable tax credits	1,200	
42000	Net federal tax	55.00	
42800	Net provincial tax	16.00	
43500	Total payable	71.00	
43700	Total income tax deducted	2,209.80	
48200	Total credits	2,209.80	
	Total payable minus Total credits	2,138.80	CR
	Balance from this assessment	2,138.80	CR
Direct deposit		2,138.80	CR

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Or

- Proof of income statement (Option C) on CRA account

Proof of income statement - My Account

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Canada Revenue Agency

2019 Assessment

July 1, 2020



TENANT NAME 123 MAIN ST MUSKOKA ON	
Tax year: 2019	Social insurance number: 555 000 222
Taxing province: ON	Province of residence: ON
Filing date: 26 MAR 2020	Date of birth: 16 JAN 1993
Date of assessment: 04 APR 2020	Marital status: SINGLE

Total income

Line	Description	Amount
10100	Employment Income (box 14 on all T4 slips)	\$17,568
12100	Interest and other investment income	\$12
12500	Registered disability savings plan income	\$610
14500	Social assistance payments	\$2,600
14700		\$2,600
15000	Total income	\$15,790

Net income

Line	Description	Amount
20600	Pension adjustment (box 52 on all T4 slips and box 34 on all T4A slips)	\$2,882
20700	Registered pension plan deduction (box 20 on all T4 slips and box 32 on all T4A slips)	\$1,009
21400	Child care expenses	\$2,210
21200	Annual union, professional, or like dues (box 44 on all T4 slips and receipts)	\$310
23300	Total deductions	\$3,529
23600	Net income	\$12,261

Taxable income

Line	Description	Amount
25000	Other payments deduction	\$2,600
26000	Taxable income	\$9,661

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- OW/ODSP cheque and drug card proof (can be found on their online account)



Benefit program(s)

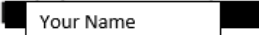

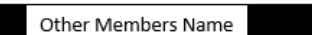

ODSP

Coverage

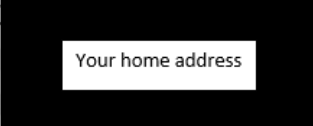
The following people are currently receiving social assistance for this month.

Up to date as of Sep. 23, 2022

Members

-  Your Name
10- 1 (Adult 18+)
-  Other Members Name
22- 7 (Child)

Address

 Your home address



benefits.mcass.gov.on.ca

Breakdown

Payment details for pay period: Nov. 01, 2023
- Nov. 30, 2023

Details	Amount
Basic needs	\$752.00
Shelter	\$440.14
Sole Support	\$143.00

Summary

Date **Nov. 30, 2023**

Type **ODSP**

Amount **\$1,335.14**

Payment method **Direct deposit**

Paid to 

Status **Issued**

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- Full Time student (letter from school and if in post-secondary, proof of OSAP)

1st payment

Estimated release date: Sep [redacted] - Sep [redacted] [Why this is an estimated date](#) Dates created by OSAP, does not reflect true date of Ryerson COE process for your application

Status: Your money has been deposited into your bank account. [Who to contact if you haven't gotten your money](#)

Payment amount:	\$1,843	Canada Student Grant for Full-Time Students
	\$3,862	Canada-Ontario Integrated Student Loan
	\$5,705	Total payment
Deposited amount:	\$5,705	Total payment
	\$3,709	Amount to be deducted to pay tuition directly to your school
		Why an amount was deducted
	\$1,996	Total deposited



Office of the University Registrar
Building, Room #
1280 Main Street West
Hamilton, ON L8S 4L8

☎ (905) 525-9140 x 00000
☎ (905) 525-9140
✉ email@mcmaster.ca
🌐 site.mcmaster.ca

Date

Students Name

Home Address

To whom it may concern:

This is to certify that Jane Doe is currently enrolled and registered as a full-time student in the School of the Arts at McMaster University for the Fall/Winter 2020-2021 academic season.

The Fall/Winter 2020-2021 academic season will begin on September 1, 2020 and end on April 30, 2021.

Sincerely,

John Smith
University Registrar

SAMPLE

Examples of Documents Needed in Order to Complete Your Annual Rent Review.

- If NOA does not reflect current income, require a letter from the employer or 3 months' worth of paystubs

{Employer Name}
 {Employer Position Title}
 {Employer Department}

{Date}

RE: Employment Verification

Dear {Name},

I am sending this letter to confirm that {Employee Name} has been employed at {Company} since {date}. {His/her} position title is {Title}.

{Employee Name} works {full time/part time} for a total number of {number} days per week. {His/her} salary is {monetary amount} per {hour/month/year}.

Please feel free to contact me if you have any questions.

Sincerely,

{Employer Name}

Sample Company Name, Sample Company Address, 95220				EARNINGS STATEMENT		
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE	
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX	14.50	72.50
				FICA SS TAX	62.00	310.00
				FED TAX	159.50	797.48
				CA ST TAX	44.26	221.31
				SDI	10.00	50.00
YTD GROSS	YTD DEDCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY	
5,000.00	1,451.28	3,548.72	1,000.00	290.26	709.74	

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- If a change in employment occurred, ROE is required

THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT
PROVIDES DETAILED INSTRUCTIONS.
This form when completed is

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. **W00000000** 2 SERIAL NO. OF AGE ADJUSTED OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NO. **125946**

4 EMPLOYER'S NAME AND ADDRESS
**Division 27
355 North River Rd
2nd Floor
Ottawa, ON
Canada** 5 CRA BUSINESS NUMBER (BN) **000 000 000R20000**

6 PAY PERIOD TYPE
B - Bi-weekly 7 POSTAL CODE **X1X1X1** 8 SOCIAL INSURANCE NO. **000-000-000**

9 EMPLOYEE'S NAME AND ADDRESS
**Employee Name
123 Way St
Ottawa, ON
X1X1X1** 10 FIRST DAY WORKED **01 01 2010**

11 LAST DAY FOR WHICH PAID **25 02 2011** 12 FINAL PAY PERIOD ENDING DATE **26 02 2011**

13 OCCUPATION
Assistant 14 EXPECTED DATE OF RECALL
 UNDISCUSS NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 **2140** 16 REASON FOR ISSUING THIS ROE
Shortage of Work / End of contract ex A

100 TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 **\$ 11,600.00** 17 FOR FURTHER INFORMATION CONTACT
Contact Name
TELEPHONE NO. **(555) 555-5555**

10C THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL MOST RECENT INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2

PP	INSURABLE EARNINGS	PP	INSURABLE EARNINGS	PP	INSURABLE EARNINGS
1	1,200.00	2	800.00	3	800.00
4	800.00	5	800.00	6	800.00
7	800.00	8	800.00	9	800.00
10	800.00	11	800.00	12	800.00
13	800.00	14	800.00	15	800.00
16	800.00	17	800.00	18	800.00
19	800.00	20	800.00	21	800.00
22	800.00	23	800.00	24	800.00
26	800.00	26	800.00	27	800.00
28		28		28	
31		32		32	
34		35		35	
37		38		38	
40		41		42	
43		44		45	
46		47		48	
49		50		51	
52		53		53	

17 ONLY COMPLETE IF PAYMENT OR BENEFITS OTHER THAN REGULAR PAY PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE

A - UNEMPLOYMENT PAY
Paid because no longer working \$ 400.00

B - STATUTORY HOLIDAY PAY FOR

D	M	Y	\$	D	M	Y	\$

C - OTHER MONIES (SPECIFY)

18 COMMENTS

19 ONLY COMPLETE IF PAID DISCONTINUED/ PARENTAL LEAVE OR GROUP SICK LEAVE LOSS INDEMNITY PAYMENT AFTER THE LAST DAY WORKED.

PP	PAYMENT START DATE	AMOUNT	PER DAY	PER WEEK
PP1	D M Y	\$	<input type="checkbox"/>	<input type="checkbox"/>
PP2	D M Y	\$	<input type="checkbox"/>	<input type="checkbox"/>
PP3	D M Y	\$	<input type="checkbox"/>	<input type="checkbox"/>

20 I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.

Name of Issuer
Jessie
Name **28 02 2011**

30 COMMUNICATION PREFERRED IN English French 31 TELEPHONE NO. **(555) 555-5555**

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- If receiving EI, please provide the following

My Latest Claim

Did you know...

- if you do not receive email alerts when new important Employment Insurance (EI) claim information is available in your My Service Canada Account, go to [View my status and correspondence](#) and select "Register for Alert Me" from the left-hand menu to register now!
- additional information on your latest claim may be available on the [View my status and correspondence](#) page.
- to prevent any delays, you must complete your report within three weeks of its due date.

Start Date of Claim:	March 10, 2019
Waiting Period:	Your waiting period was deferred.
Type of Benefit:	Standard Parental benefits
Total Insurable Earnings:	\$22,405
Benefit Rate:	\$562
Federal Tax:	\$61
Weeks of Parental Benefits Paid:	6
Weeks of Parental Benefits Requested:	7
Total Weeks Paid:	6
End Date of Claim:	March 07, 2020
Last Report Processed:	April 14, 2019 to April 20, 2019
Last Report Processed on:	April 21, 2019