

## Household Income Testing Form

PART I: Tenant Information						
Applicant Surname, Given Name				Cell Phone No.		
Address (Suite, Buildin	ng Number, Street, City)	Alte		Alter	ternate Phone No.	
Postal Code	l Code Building Name					
Unit Size (Circle No. of	f Bedrooms) Bac	helor 1 2 3 4				
Plagea list balow than		mination & Declard		rocido	at the above address	
Full Name(s)	Birth Date	Relationship to	Source of Inco		Current Gross	
Last, First	Day/Month/Year	Main Applicant	30dice of frico	ппе	Monthly Income	
LUST, FIIST	Day/Month/ real	• • • • • • • • • • • • • • • • • • • •			\$	
		Main Applicant				
					\$	
					\$	
					\$	
					\$	
			oss Monthly Inco		\$	
		Less Emp	oloyment Allowa	, ,		
			Net Income	(A)	\$	
PART III: Agreement		Current Value of Assets				
I/We declare that the information given in		Stocks/Bonds/Term Deposits:		\$		
this Application is true, correct, and complete in all respects.		Cash/Bank Balance			\$	
		Real Estate Holdings			\$	
I/We agree that Connective may audit the		Other (Specify)			\$	
information provided in or with this Application at any time.		Total Value of Assets			\$	
		Less Exemption			\$10,000	
I/We permit Connective to contact anyone to		Net Value of Assets			\$	
obtain a report from any agency in order to		Monthly Income from Assets (B)				
confirm the information provided.		(Net assets divided by 12)				
I/We request and authorize: Canada Revenue Agency; Human Resource Development		Total Monthly Income (A+B = C)				
		To Be Completed by Connective Team			ive Team	
Canada; Veteran's Affairs Canada, BC		Housing Income Limit for Applicable				
Ministry responsible for BC Employment and		City				
Assistance or the Employment and Assistance for Persons with Disabilities Acts ("income assistance") to give Connective a		Does the household qualify? (Y/N)		)		
copy of any of my/our relevant documents,		Completed by (Connective)			Desta	
including: my last filed income tax return, and		Completed by (C	Completed by (Connective):		Date:	
my/our application for Guaranteed Income						
Supplement, Spouse Allowance, Widowed						
(Extended) Spouse's Allowance, and income assistance.						
333331333						
Signed:						
Signed:						
Signed:						
Date:						