

TOQUAHT HOUSING AUTHORITY

Housing Authority Act
 Rental Housing Regulation
 Form HA-3

**Date received:****File no:** Application fee received*(for Housing Authority use only)***HOUSEHOLD INCOME DECLARATION**

I, _____ (*Name of Applicant*) provide the following household income information in support of my application to rent Toquaht housing.

APPLICANT'S PERSONAL INFORMATION

Full Name:				
Toquaht Citizenship No.:				
Marital Status:	Single	Married	Common-law	Divorced
Phone #s:				
Mailing Address:				
Email Address:				

APPLICANT'S EMPLOYER INFORMATION

Employer:	
Position:	
Full-time, part-time or other:	
Gross annual salary or hourly wage:	
After tax annual income:	

SPOUSAL PERSONAL INFORMATION

Spouse's Full Name:	
Toquaht Citizenship No. (if applicable)	

SPOUSE'S EMPLOYER INFORMATION

Employer:	
Position:	
Full-time, part-time or other:	
Annual salary or hourly wage:	
After tax annual income:	

I have attached the following documents in support of my application (check all that apply):	
My tax return My pay stub Letter from my employer Other: _____	Spouse's tax return Spouse's pay stub Letter from spouse's employer Other: _____

DECLARATION

I hereby solemnly declare that:

I believe that the information I have provided is complete and the contents to be true.

Dated: _____

Signature of Applicant