



**FRANK MCLOUGHLIN  
CO-OPERATIVE HOMES INC.**

# By-law No.5

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## The Subsidy Agreement

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Approved as a By-law by the Board of Directors,  
May 14, 2002

Confirmed as a By-law by the General Members by a  
Two-Thirds Majority, on June 22, 2002

Reconfirmed by the Board of Directors on August 12, 2014

Reconfirmed by Two Thirds Majority of the General Members  
on September 2, 2014





**2. SUBSIDY**

Full Market Rent: \$ \_\_\_\_\_  
 The monthly amount of subsidy provided from:  
 Canada Mortgage and Housing Corporation will be: \$ \_\_\_\_\_ (or)  
 The Co-op Security of Tenure Fund will be: \$ \_\_\_\_\_  
 The monthly amount paid by the Member(s) will be:  
 The rent geared to income amount: \$ \_\_\_\_\_  
 Plus Sector Support \$ 14.00  
 Plus \$35 for cable \$ 35.00  
 Total Monthly Charges \$ .00

**3. PROOF OF INCOME**

The member is required to provide the Co-op with a verified statement of income prior to the commencement of this Agreement.

**4. TERMINATION**

This Agreement shall terminate on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ A.D. This Agreement may be terminated prior to that date by a resolution of the Board or for any or all of the following reasons:

- a. Failure to abide by the By-Laws of the Co-operative;
- b. Failure to abide by the Housing Agreement (Occupancy Agreement);
- c. Failure to abide by the Subsidy Agreement;
- d. Willful falsification of the income verification;
- e. Change of Household Income.

**5. REQUIREMENT OF NOTICE**

Prior to the fiscal year end, the Co-op will give the Member notice that the subsidy will end and new applications and income verification must be received at the Co-op office within 2 weeks of such notice.

IN WITNESS WHEREOF

THE MEMBER(S) 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Signature for Co-op: \_\_\_\_\_



**Frank McLoughlin Co-operative Homes Inc.  
By-Law 5, Schedule A  
RENT GEARD TO INCOME  
HOUSING CHARGE CALCULATION SHEET**

Effective: \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ Maple Leaf Circle, Brampton, Ont.

Date of Application: \_\_\_\_\_ *(list all persons in household)*

Member:	Primary/Secondary	Age of Child	Relationship	Monthly Income all Sources	Birth Date
1.					
2.					
3.					
4.					
5.					

Complete section 1. for Primary Occupant with earned/non-benefit income or if Social Assistance Beneficiary with earned income above threshold.

Complete section 2. for Primary and Secondary Occupant with Benefit Income and or benefit income and earned income below the threshold.

Complete section 3. for Secondary Occupant with earned/non benefit income or if Social Assistance Beneficiary with earned income above threshold.

<b>SECTION 1:</b>	<u>Applicant</u>	<u>Co-applicant</u>	<u>Other</u>
Gross Employment Income:	_____	_____	_____
Subtract Employment Exemption (\$75/150)	_____	_____	_____
Sub-total	_____	_____	_____
Multiply by .30 =	=====	=====	=====



**SECTION 2**

**Housing Charge as per Rent-Geared to Income Scales for Socially Assisted Occupants**

**Ontario Works Number of Beneficiaries** \_\_\_\_\_

**SECTION 3 (Secondary Members)**

**Employment Income** \_\_\_\_\_

**15% of 1<sup>st</sup> \$1,000** \_\_\_\_\_  
**(\$150) if income is >\$1,000** \_\_\_\_\_

**30% of remainder** \_\_\_\_\_

**HOUSING CHARGE** \_\_\_\_\_

**SECTION 4**

**TOTAL OF ALL HOUSEHOLD CHARGES** \$ \_\_\_\_\_

**MINUS UTILITY ALLOWANCE ADJUSTMENT** \$( \_\_\_\_\_ )

**SUB-TOTAL** \$ \_\_\_\_\_

**ADD SECTOR SUPPORT FEE** \$ 14.00

**ADD CABLE TV** \$ 35.00

**TOTAL HOUSING CHARGE FOR UNIT** \$=====

**CALCULATED BY:** \_\_\_\_\_ **VERIFIED BY:** \_\_\_\_\_

**MEMBER(S) SIGNATURES:** \_\_\_\_\_

*Copy given to Member* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Posted:* \_\_\_\_\_



**Frank G. McLoughlin Co-operative Homes Inc.  
By-Law 5, Schedule B, REPORT OF INCOME**

The following is to be completed by the member(s). Please record the income for all members of the household.

Type of Income	Applicant	Co-applicant	Other
Full Time			
Part Time			
Bonus/Tips			
Self-Employment			
Employment Insurance			
Training Allowance			
Workers Compensation			
Canada Pension			
Old Age Security			
O.D.S.P. (disability)			
DVA/War Pension			
Widows Pension			
Private Pension			
Alimony/Support			
Ontario Works			
ODSP			
Interest			
Annuities			
Other			
Other			
<b>Total Monthly Income</b>			

**DECLARATION OF INCOME**

I/We declare that the information given to the Co-op is to my (our) knowledge, a complete and correct statement of my/or my family's earnings and that the attached documentation is valid.

I/We understand that we are to report any change of income to the office within 7 days. FAILURE to do so, may result in termination of rent geared to income assistance.

UNIT: \_\_\_\_\_ Maple Leaf Circle, Brampton, Ontario      NAME: \_\_\_\_\_

DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_