



Corporation name

HPIN No.	Year end	Due Date

Required Documentation for the Housing Provider's Fiscal Year End	Attached		
	Yes	No	Not Applicable
Annual Information Return (AIR) Fully completed and signed by two Board Members	↓ <input type="checkbox"/> Y	↓ <input type="checkbox"/> N	↓ <input type="checkbox"/>
Audited Financial Statements including Auditor's Report Signed by Auditor and signed by two Board Members	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Accountant's Report on Applying Specified Auditing Procedures in Respect of the Annual Information Return including Appendix	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Auditor's Management Letter	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Board's Response to the Auditor's Manager Letter (if required)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Aged Accounts Receivable Report for the fiscal year end	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
List of current Officers, Directors, Board Members (names and addresses)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Property Tax Statement (Middlesex County projects only)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Application for HST Public Service Bodies' Rebate and HST Self-Government Refund	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Auditor's Confirmation: stating that the applicable rent-to-income scale has been applied and income verification is being undertaken for subsidized units, that the replacement reserve and subsidy surplus funds have been segregated and funded. (Federal Programs Only)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Phillips Hager and North Investment Account Statement and other Bank and Investment Statements related to restricted Reserves and Surplus Funds	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
Rent Roll for each month during the fiscal year	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
List of Bad Debts written off during the fiscal year	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

Housing Provider/Representative Signature			
Contact Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Position	<input type="text"/>

Instructions

(1) This form is to be used by all Private Non-Profit Housing Corporations, Municipal Non-Profit Housing Corporations, Co-operative Housing Corporations, Federal Non-Profit Housing Corporations and Local Housing Corporation when submitting their annual report to the City of London Housing Division.

(2) Check off the applicable box for the required documentation identified and submit a signed Annual Report Package Submission Checklist within the timelines prescribed under the *Housing Services Act* (HSA) or Operating Agreement.

Please note the following:

- Only those submissions which include all the required documentation will be processed and considered to be received by the Housing Division.
- Incomplete annual report packages may be returned as an incomplete submission along with an information request notification.
- Failure to submit a complete annual report package by the required due date may result in the assessment of a late penalty or other available remedy(s).
- The Housing Division may request other reports, documents and information relating to a Housing Provider's compliance with the HSA and regulations and federal operating agreements.