

SOCIAL HOUSING - ANNUAL INFORMATION RETURN

PROVINCIAL REFORMED AND OTHER HOUSING PROGRAMS

Identification

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Corporation name		I.D. No.	Year end (dd/mm/year)	
SERVICE MANAGER				
Corporation address	Mailing address			
		Program type	Y/N	# of units
		(A) PROVINCIAL REFORMED		
		(B) OTHER PROGRAMS		
		1. Sect 95 - MNP		
		2. Sect 95 - Private		
		3. Sect 26/27		
		4. Limited Dividend		
		5. Public Housing		
		6. Pre-86 Urban native		
		7. Post 85 urban native		
Contact name	Position	Telephone number	Fax number	
	e-mail address	HSA Section 78	HSA Section 78 Market & RGI	HSA Section 78 100 % RGI
		No		

Board of Directors DECLARATION (Must be signed by two members of the Board.)

We declare that, to the best of our knowledge and belief, the information provided in this Annual Information Return and the representations on Page 2 is true and correct.

Signature	Name	Position	Date
Signature	Name	Position	Date

Note to auditors:

Auditors are required to complete the "Accountant's Report on Applying Specified Auditing Procedures in Respect of the Annual Information Return" and "Appendix A". These reports are available in the AIR Guide.

Instructions

This form to be used by all housing providers that operate Part VII provincial reformed housing projects. This form is authorized by the Minister under s.80(2) of the HSA. Service Managers may, at their discretion and subject to the terms of any applicable operating agreement, use the relevant portions of this form for reporting by other housing providers as well.