

Section 1 – Eviction Prevention Assistance Update Form

As a market rent tenant/member in a non-profit housing community or a member of a co-operative housing community, you have been approved to receive temporary rent-geared-to-income assistance. A requirement of the subsidy is to provide the Region with updated information every six months.

You **MUST** complete this form and submit it along with any required documentation to the Housing Programs Unit by:
BIG BOLD LETTERING

**Program Co-ordinator, Housing & Long Term Care
The Regional Municipality of York
Community and Health Services
17250 Yonge Street, 3rd Floor,
Newmarket, ON L3Y 6Z1**

Failure to complete this form will result in an immediate loss of subsidy. There will be NO exceptions. Please pay careful attention to the deadline to submit.

Section 2 – Your Household Information

Name(s)	Date of Birth

Street Address:	City:
Postal Code:	Phone Number:

1. Have you or anyone in your household experienced a change in financial circumstances?

- Yes No

2. If yes, please specify:

A member of your household has found employment (please attach you two most recent consecutive pay stubs or a letter from your employer)

A member of your household had an increase in income and/or hours worked (please attach verification of the change)

A member of your household had a decrease in income and/or hours worked (please attach verification of the change)

Your household has experienced a change in household composition that has resulted in a financial hardship

If so, please explain: _____

Other (please explain): _____

Section 4 – Release and Consent

This is your legal agreement with us to consent to the release of your personal information.

- 1) I understand that The Regional Municipality of York (“York Region”) as service manager and my housing provider are permitted under the *Social Housing Reform Act, 2000* (the “Act”) to collect personal information about me so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the Act.
- 2) I understand and agree to release any personal information and required documents to either York Region and/or the housing provider for the purpose of processing my application for RGI assistance which may include determining:
 - (a) my initial and ongoing eligibility for RGI assistance;
 - (b) the size and type of unit that I may be eligible for;
 - (c) where I am on the waiting list for RGI assistance; and
 - (d) the amount of geared-to-income rent I will be required to pay.

Any personal information collected by York Region and/or the housing provider about me for the above mentioned purpose will be hereafter referred to as “my personal information”.

- 3) I agree to release to York Region and/or the housing provider information about any bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependants or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my initial or ongoing eligibility for RGI assistance.
- 4) For the purpose set out in paragraph 2, I allow York Region and/or the housing provider to obtain any credit information about me from any credit agency or any other source.
- 5) I allow York Region and/or the housing provider to share my personal information, without further notice to me, with the Ministry of Municipal Affairs and Housing, the Ontario Housing Corporation, the Social Housing Services Corporation, other municipal service managers or district social services administration boards or lead agencies as defined under the Act, and each person or organization providing services by contract to any of them, if it is needed to make decisions or verify my eligibility for assistance under the Act, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*.
- 6) I understand that any of my personal information given by York Region and/or the housing provider to a government or body mentioned above in paragraph 5 is confidential and will only be given in accordance with the Act and its regulations.
- 7) I understand that any of my personal information provided by me to the housing provider is given on the understanding that the housing provider is collecting this information on behalf of York Region.
- 8) I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
- 9) I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:

Manager, Housing Administration
The Regional Municipality of York
Community and Health Services Department
17250 Yonge Street, Newmarket, ON L3Y 6Z1
Tel: 905-830-4444, ext 2071 or 1-877-464-9675, ext 2071

Personal information contained in this form or in any attachments to it is collected by The Regional Municipality of York and/or the housing provider, pursuant to the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form.

The applicant and any co-applicants must sign this form.

Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date

Household Member (Please print name)

Signature

Date

Household Member (Please print name)

Signature

Date

Section 5 – Declaration

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to York Region and/or the housing provider will belong to them.
3. I understand that only the people I have listed on this document may live with me in subsidized housing.
4. I understand that York Region and/or the housing provider will use my personal information that I give them to determine if I am eligible or continue to be eligible for RGI assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of geared-to-income-rent payable by me.
5. I declare that I am in Canada legally.
6. I understand that I must pay back or arrange to pay any money I may owe to any subsidized housing project.
7. I understand that it is an offence, under the Act for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and/or imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, York Region and/or the housing provider may request additional information, or may cancel my eligibility for RGI assistance and may request my household to reimburse the Region of York for the amount of RGI assistance paid on behalf of my household.
8. I understand that if York Region and/or the housing provider request a household to reimburse York Region, the members of the household who are parties to the lease or the occupancy agreement for the unit are jointly and severally liable to pay the amount owing to York Region.

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Please forward the completed package to:

**Program Co-ordinator, Housing & Long Term Care
The Regional Municipality of York
Community and Health Services
17250 Yonge Street, 3rd Floor,
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