



Section 1 – Household Information

Your Name(s): _____ _____		Date of Birth: _____ _____
Street Address: _____		Unit #: _____
City: _____	Province: _____	Postal Code: _____
Telephone Number: _____	Number of bedrooms in your unit: _____	

Section 2 – Emergency Contact Information

Who should we contact in case of emergency?	
How is this person related to you? (e.g. friend, daughter, son)	
Emergency Contact's Address: _____	
Home Telephone: _____	Work Telephone: _____

Section 3 – Income Information

You must tell us about all the income that you receive from every source. You have to provide paperwork that confirms the gross amount (before taxes are deducted) for all pensions, annuities, employment income, etc.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Canada Pension Plan • Old Age Security • Quebec Pension Plan • Government Pensions from other countries i.e. United Kingdom, Italy • Company or Public Service Pensions • Ontario Disability Support Plan (ODSP) • Ontario Works (OW) | <ul style="list-style-type: none"> • Full or Part-Time Work • Odd Jobs • Disability pay • Employment Insurance • Child care • Teaching music • Alimony Payments • War Veteran's Allowance | <ul style="list-style-type: none"> • One Time Lump Sum Payments (inheritances, Court and out of court Settlements) • Workers Safety Insurance Board Payments • Mortgage Income • Civilian War Pensions |
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Here are some examples of acceptable income verification:

- Employer's letter (with company information, pay period and gross pay amount)
- Pension cheque stubs
- OW/ODSP cheque stub and drug card
- Financial institution statement
- Income & Assets Verification Form completed and certified by your financial institution

You must provide a copy of the most recent income tax return and notice of assessment for each household member.



Section 4A – 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 for rent geared-to-income (RGI) assistance are permitted under the *Social Housing Reform Act, 2000* (the “Act”) to collect personal information about me in relation to my ongoing eligibility for RGI assistance 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 my housing provider for the purposes of determining:
 - (a) my ongoing eligibility for RGI assistance;
 - (b) the size and type of unit that I may be eligible for; and
 - (c) the amount of rent geared-to-income I will be required to pay.

Any personal information collected by York Region and/or my 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 my 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 ongoing eligibility for RGI assistance.
4. For the purposes set out in paragraph 2, I allow York Region and/or my housing provider to obtain any credit information about me from any credit agency or any other source.
5. I allow York Region and/or my 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 ongoing 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 my 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 my housing provider is given on the understanding that my housing provider is collecting this information on behalf of York Region.
8. I understand that any change in my personal information must be reported to my housing provider within 10 business days after each change in a document or information that I have provided to York Region and/or my housing provider.
9. I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
10. I confirm that if I have any questions or concerns about the collection, use or disclosure of my personal information, I should contact:
1091 Gorham Street, Suite 104, Newmarket, Ontario L3Y 8X7

Signatures of household members:

Household Member (Please print name)

Signature

Date

Household Member (Please print name)

Signature

Date



Section 4B –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 my 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 my housing provider will use my personal information that I give them to determine my ongoing eligibility for RGI assistance; the size and type of unit I may be eligible to receive; 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 provider.
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 my housing provider may request additional information, or may cancel my eligibility for RGI assistance and may request my household to reimburse York Region for the amount of RGI assistance paid on behalf of my household.

I understand that if York Region and/or my 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.

Personal information contained in this form or in any attachments to it is collected by The Regional Municipality of York and/or my 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.

Signatures of household members:

Household Member (Please print name)

Signature

Date

Household Member (Please print name)

Signature

Date