

Housing Provider:	Date:
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Household Information	
Tenant/Member Name:	
Street Address:	Apt. #
City:	Postal Code:
Household's original date of application for RGI assistance?	

Overhoused Report	
Is a baby expected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an additional bedroom been approved to accommodate a medical condition or disability?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has an additional bedroom been allocated to a visiting child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the household have shared custody arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date the household was notified they are overhoused?	
Current Unit Size:	<input type="checkbox"/> Bach <input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed <input type="checkbox"/> 3 bed <input type="checkbox"/> 4 bed
Eligible Unit Size:	<input type="checkbox"/> Bach <input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed <input type="checkbox"/> 3 bed <input type="checkbox"/> 4 bed

Record of Refusals	
How many times has the household refused an appropriate sized unit?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Please attach a copy of each refusal letter.	

Document Checklist	
<input type="checkbox"/> Overhoused Household Application – Completed and Signed by the Tenant(s)/Member(s)	
<input type="checkbox"/> Verification of legal status in Canada	
<input type="checkbox"/> Overhoused Notice of Decision	
<input type="checkbox"/> Refusal letter(s)	

Completed By:	Signature:	Date:
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