

Subsidized Housing Annual Update Form

Please complete all sections of this form.

Client #:		
Last Name:	First Name:	
Current Street Address:	Apartment #:	
City:	Province:	Postal Code:
Home Phone: ()	Cell Phone: ()	
Work Phone: () Extension:	Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best time to call you: _____ a.m. _____ p.m.		
Mailing Address (if different than above):		Apartment #:
City:	Province:	Postal Code:

Section 1 – Household Members

Please list the names of all adults and children (including yourself) who will live with you in subsidized housing. Please list the source of income and amount of income for everyone over 16 years of age. **This section must be completed.**

Household Member Name	Relationship to Applicant	Social Insurance Number	Date of Birth (m/d/y)	Source of Income	Gross Monthly Income (before deductions)
	SELF				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

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Section 1 – Household Members (continued)

Does everyone you listed in Section 1 live with you now? Yes No

Will all of the above live permanently in the unit? Yes No

Do you share custody of any of your children? Yes No

If you have not already done so, please provide a copy of your most current custody arrangements

Is a baby expected? Yes No If yes, please include the expected date. _____

If adding a new baby since your last update, we need a copy of the baby's birth certificate before we can add them to your application.

If you want to add anyone new to your application, please contact your Applicant Service Representative for further instructions.

Immigration Status

Has your immigration status changed? Yes No

If your immigration status has changed for you or any other household member listed on this form, please include copies of the documents.

There are assets that give you income (e.g. GI certificate) and there are others that do not (e.g. mutual fund). All types of assets must be declared. Please list all assets owned by you and each person in your household 16 years of age and older. **(Do not include household contents, furniture, vehicles or life insurance)**

Name of Household Member	Type of Asset	Value (\$)

Do you or anyone on this application own property or co-own any property suitable for year round residency in Canada or any other country?

If yes, please provide the address of the property:

Yes No

What is the estimated value of this property? \$

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Section 2 – Housing Requirements

Current Landlord (or indicate if you are a property owner) - Name:

Current Landlord - Address:	Street #:	Apartment:
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City:	Telephone Number: ()
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Date you moved in (month/year):	How much rent do you pay?
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Do you currently live in subsidized housing? Yes No

Do you owe rental arrears to a social housing provider? Yes No

Do you have a repayment agreement in place with a previous social housing provider? If yes, please attach a copy. Yes No

Do you require parking? Yes No
 Number of vehicles?

Do you need help from a community agency to help you to live on your own? If any agency is helping you now, please provide the name of the agency and your worker's name and phone number. Yes No

Do you require a wheelchair accessible unit? If yes, we will send you a medical form for your doctor to complete. Yes No

Please describe any specific requirements (e.g. townhouse, apartment only, floor level, balcony):

Note: any specific requirements may increase your waiting time.

Section 3 – Alternate Contact

It is important to provide us with an alternate contact name and number in the event we cannot reach you.

Alternate Contact Name	Relationship	Telephone Number
		Home #: Cell #:
		Home #: Cell #:

Can we share information about your application with these people? Yes No

Section 4 – Housing Selections

We have enclosed a print-out of the building selections you have chosen. You are on the waiting list for each of these locations.

Please review this list and choose one of the following options:

There is NO change to my current housing selections

OR

I want to change my housing selections

- To add more selections, please write “**ADD**” beside each new location on the attached building selection form
- To remove a location, please **CROSS** it off your list

NOTE: If you are not making any changes to your selections, DO NOT complete the building selection form.

Section 5 – Release and Consent

PLEASE MAKE SURE YOU SIGN PAGES 6 AND 7

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 (“Region of York”) and any housing provider listed in my application for subsidized housing assistance are permitted under the *Social Housing Reform Act, 2000 (SHRA)* and/or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* 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 applicable legislation.
2. I understand and agree to release any personal information and required documents to either the Region of York and/or the housing provider for the purpose of processing my application for subsidized housing assistance which may include determining:
 - a. my initial and ongoing eligibility for subsidized housing assistance;
 - b. the size and type of unit that I may be eligible for;
 - c. where I am on the waiting list for subsidized housing assistance; and
 - d. the amount of subsidized housing assistance I will be required to pay.

Any personal information collected by the Region of York 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 the Region of York 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 subsidized housing assistance.
4. For the purpose set out in paragraph 2, I allow the Region of York and/or the housing provider to obtain any credit information about me from any credit agency or any other source.
5. I allow the Region of York 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 *Social Housing Reform Act, 2000*, 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 any housing program offered by York Region from time to time, the *Social Housing Reform Act, 2000*, 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 the Region of York 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 SHRA and/or MFIPPA.
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 the Region of York.
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:

Supervisor, Housing Access Unit
The Regional Municipality of York
Community and Health Services Department
Housing Access Unit
55 Eagle Street West, Newmarket ON L3Y 8W5
Tel: (905) 830-4444 or 1-877-464-9675

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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 *Social Housing Reform Act, 2000* and/or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form. The information will be used to determine current/on-going eligibility to subsidized housing assistance, as well as for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

SIGN HERE 

x			
	Applicant's Name (Please print)	Signature	Date
x			
	Co-Applicant's Name (Please print)	Signature	Date
x			
	Other Household Member (Please print)	Signature	Date
x			
	Other Household Member (Please print)	Signature	Date
x			
	Other Household Member (Please print)	Signature	Date

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Section 6 – Declaration

PLEASE MAKE SURE YOU SIGN PAGES 6 AND 7

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 the Region of York 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 the Region of York 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 subsidized housing assistance; the size and type of unit I may be eligible to receive; my placement on waiting lists; and the amount of subsidized housing assistance 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 *Social Housing Reform Act, 2000* 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, the Region of York and/or the housing provider may request additional information, or may cancel my eligibility for subsidized housing assistance and may request my household to reimburse the Region of York for the amount of subsidized housing assistance paid on behalf of my household.
8. I understand that if the Region of York and/or the housing provider request a household to reimburse the Region of York, 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 Region of York.

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 *Social Housing Reform Act, 2000* and/or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form. The information will be used to determine current/on-going eligibility to rent-geared-to-income assistance, as well as for statistical reporting. The information provided may be cross-referenced with other municipal data pertaining to the household.

SIGN HERE 

x			
Applicant's Name (Please print)		Signature	Date
x			
Co-Applicant's Name (Please print)		Signature	Date
x			
Other Household Member (Please print)		Signature	Date
x			
Other Household Member (Please print)		Signature	Date
x			
Other Household Member (Please print)		Signature	Date