



MKT - RGI

Request for RGI Subsidy Form

Please mail or fax completed applications to:
Niagara Regional Housing
P. O. Box 344
Thorold, ON L2V 3Z3
Fax 905-935-0476

Name of Co-operative or Non Profit _____

TENANT/MEMBER #1

Last Name _____

First Name _____

DOB _____

SIN _____

CO-TENANT/CO-MEMBER #2

Last Name _____

First Name _____

DOB _____

SIN _____

DEPENDENTS

Table with 4 columns: Last Name, First Name, Date of Birth, Relationship. Multiple empty rows for data entry.

Address _____

Unit # _____

City _____

Postal Code _____

Home Telephone # _____

Alternate # _____

TO BE COMPLETED BY HOUSING PROVIDER

Form with questions: What is the current bedroom size? (please circle) 1 2 3 4 5; Is the household composition listed above same as your records? Yes No; Does the household have any arrears? Yes No If yes, how much?; Is there a signed repayment schedule in place? Yes No; Original Date of Move In:; Why is this household paying market rent?; Housing Provider Signature:

Tenant/Member Signature _____

Date _____

Co-Tenant/Co-Member Signature _____

Date _____

Please attach the following documents:

- > Canadian birth certificates or valid immigration documents for all members of your household
-> Income verification for all members of your household over the age of 16

Office Use Only

Basic Eligibility Completed

By _____

Date _____

Eligible

Ineligible

MKT – RGI Eligibility

Occupancy Standards

Met

Not Met

Arrears

No

Yes

Repayment Agreement

Yes

No

Outcome of Request

Approved

Denied

Staff Signature

Date
