



**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**

Last Name	First Name	Date of Birth	Relationship

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

**TO BE COMPLETED BY HOUSING PROVIDER**

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

\_\_\_\_\_