



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
