

Mailing Address:

Niagara Region
 Housing Services
 1815 Sir Isaac Brock Way P.O. Box 344
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Please complete and return this form.

Part A – Contact Information (to be completed by Household)

Name of Co-operative or Non Profit _____

HOUSEHOLD MEMBER #1

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

HOUSEHOLD MEMBER #2

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

Part B – Dependents (to be completed by Household)

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Relationship

Address: _____ Unit Number: _____

City: _____ Postal Code: _____

Home phone number: _____ Alternate phone number: _____

Household Member #1 Signature _____ Date (mm/dd/yyyy) _____

Household Member #2 Signature _____ Date (mm/dd/yyyy) _____

Household to provide the following documents:

➔ Canadian birth certificates or valid immigration documents for all members of your household

Part C – Household Information (to be completed by Housing Provider)

What is the current bedroom size? 1 2 3 4 5

Is the household composition listed on this form the same as your records? Yes No

Original Date (mm/dd/yyyy) of Move In: _____

Why is this household paying market rent?: _____

Date (mm/dd/yyyy) Rent-Geared-To-Income subsidy was lost (if applicable): _____

Housing Provider signature: _____

Part D – Eligibility (Office Use Only)

Basic eligibility completed Completed by: _____

Eligible Ineligible Date (mm/dd/yyyy): _____

Market to Rent-Geared-To-Income Eligibility

Occupancy standards: Met Not Met

Arrears: No Yes

Repayment Agreement: Yes No

Loss of RGI subsidy greater than two (2) years Met Not Met

Outcome of request: Approved Denied

Part E – Approval for RGI Subsidy (Housing Administrator Use Only)

Household approved for RGI subsidy: Yes No

Start date of RGI subsidy: _____

Housing Administrator signature: _____