

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 No	on Profit				
TENANT/MEMBER #1					
Last Name	First Name				
DOB	SIN				
CO-TENANT/CO-MEMBE	<u>R #2</u>				
Last Name	First Name				
DOB	SIN				
<u>DEPENDENTS</u>					
Last Name	First Name	Date of Birth		Relationship	
Address					
City					
Home Telephone #					
TO BE COMPLETED BY I			Alternate # _		
TO BE COMPLETED BY	1003ING FROVIDER				
What is the current bedro	oom size? (please circle)	1 2 3	4 5		
Is the household compos	ition listed above same a	s your records? Yes	s No		
Does the household have	Yes No	If yes, how much?			
Is there a signed repayme	ent schedule in place?	Yes No			
Original Date of Move In:					
Why is this household pa					
Housing Provider Signate	ure:				
Tenant/Member Signature			Date		
Co-Tenant/Co-Member Sig		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		Ву			_			
		Date						
□ Eligible □ Ineligibl	е							
MKT – RGI Eligibility								
☐ Occupancy Standards		Лet		Not Met				
□ Arrears	□ N	10		Yes				
				Repayment Agr Yes				
Outcome of Request		☐ Approved	I	□ Denied				
Staff Signature					_			
Date					_			