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## Request to ADD a NEW HOUSEHOLD member

With a current

### Kingston & Frontenac Housing Corporation Tenant

As you currently reside in rent-geared-to-income housing you cannot move another member into your household until you have requested approval from Kingston & Frontenac Housing Corporation.

Kingston & Frontenac Housing Corporation will conduct an eligibility review with the new household member. The new household member must complete the information below and return to your property manager. You will be notified within one month of the results of the eligibility review.

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#### **General Eligibility Rules for Rent-geared-to-income assistance:**

- a. At least one person of your household must be **16 years of age, or older and able to live independently;**
- b. Each member of your household must be a **Canadian Citizen or have made application for status as a permanent resident of Canada or have made a claim for Refugee Protection: copy of appropriate document must be attached – see Page 3;**
- c. If you **owe money to any federally, provincially or municipally funded housing provider you must pay the money owing to the housing provider or have a repayment agreement in place with the housing provider to whom you owe the money.** The repayment agreement must be in good standing and you must supply a copy of The Repayment Agreement to Kingston & Frontenac Housing Corporation;
- d. Your **total household income must be under the established income limit by type of unit depending on your family composition** (see Chart 1, Public Information Brochure);
- e. If you **own residential property, you will be required to sign an agreement to sell it.**

1. Current Primary Tenant's Name: \_\_\_\_\_

Current Tenant's Address: \_\_\_\_\_

Current Tenant's Phone Number: \_\_\_\_\_

2. New Primary Household Member's Name: \_\_\_\_\_

New Household Member's Address: \_\_\_\_\_

New Household Member's Phone number: \_\_\_\_\_

3. Please list another person that we may contact if unable to reach you:

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone number: \_\_\_\_\_

**REQUESTED DATE OF MOVE-IN:**                      **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

4. Please list **all** of the people who will be living in the household **starting with the CURRENT TENANT** and including **the all NEW HOUSEHOLD MEMBER(s)**:

Name	Relationship to applicant	DOB (m/d/yr)	Female or Male	Sources of Income	Amount per month	Social Insurance Number	Current Tenant or New Member

5. Does any member of your household, own residential property (house, farm, land, mobile home, etc)?

Yes ☐ No ☐

If yes - You must sign an **Agreement to Sell Residential Property form**, available from the Kingston & Frontenac Housing Corporation and attach to your application form.

6. Has any member of your household previously lived at a housing project with subsidized housing in Ontario?

Yes ☐ No ☐

If yes –

list all tenancies - Including: date, name of tenant, address of tenancy, housing provider's name and address.

Tenant Name(s)	Address	Date of Tenancy	Housing Provider Name & Address

7. Does any member of your household, owe any money to any federally, provincially or municipally funded housing Provider? (Example -any provider offering rent-geared-to-income housing provider):

Yes ☐ No ☐

If yes –

list all tenancies - Including: date, name of tenant, address of tenancy, housing provider's name and address.

Tenant Name(s)	Address	Date of Tenancy	Housing Provider Name & Address

If **yes** - does any member of your household, have a repayment agreement for the debt? Yes ☐ No ☐

If **yes** - please attach a copy of your repayment agreement? Yes ☐ No ☐

8. Has any member of your household, been found under the Criminal Code (Canada), Landlord Tenant Board or Court of Law to have misrepresented income while living in subsidized housing within the last five years?

Yes ☐ No ☐

9. Is anyone in your household a full-time student over 16 years of age attending a recognized educational institution?

Yes ☐ No ☐

If **yes** - please attach supporting documents including: Educational Institution and start date.

Yes ☐ No ☐

**ACCEPTABLE RESIDENCY DOCUMENTATION - (See Eligibility Rule “B” on the front of this application)**

**Canadian Citizens:**

- |  |                                |
|--|--------------------------------|
| ▪ Birth certificate  | ▪ Hospital birth records       |
| ▪ Confirmation by Registrar General of Notice of Registration of Birth | ▪ Passport                     |
|  | ▪ Social Insurance Number Card |

**Permanent residents:**

- |   |   |
|---|---|
| ▪ Permanent Resident Card   | ▪ Confirmation of Landing                                     |
| ▪ Record of Landing   | ▪ Canadian Travel Document. The status must indicate “landed” |
| ▪ Foreign passport - This document must be stamped "Permanent Resident" by Citizenship and Immigration Canada | ▪ Canadian Certificate of Identity                            |
| Returning Resident Permit   | ▪ Social Insurance Number Card                                |

**Refugee Claimants**

- Letter of acknowledgement of the claim issued by Citizenship and Immigration Canada (CIC).

## **Income and Asset Verification Section**

1. Please read the definitions before completing the Income and Assets sections.
2. Please list all members of your household who will be living with you and indicate total annual household income of each member.
3. Each member of your household earning income and having personal assets must complete an **individual Income and Asset Information Section (IAIS)** depending on the source of income and the type of assets.

**Each employed applicant/member** of the household must complete **Section 2-A** below and attach the Employment Verification Form indicating the name of employer (s), address, the name of contact person, the date employment commenced, and hourly rate/or salary.

- a. **Each applicant/member of the household with social assistance** must complete **Section 2-B** below and attach a copy of the Drug Card and a copy of the Statement of Social Assistance (Ontario Works benefits and Ontario Disability Support Plan benefits);
- b. **Each self-employed applicant/member** of the household must complete **Section 2-C** below and attach a copy of an Income Statement from an Accountant. If you just started your business, please provide a written statement of income and expenses for the month. After one year of operation you will be required to provide a copy of the Revenue Canada Notice of Assessment and/or photocopy of the working copy of the Income Tax Return;
- c. **Each adult/senior applicant/member** of the household must complete **Section 2-D** below and provide copies of bank books indicating amounts of direct deposits or a copy of the actual pension cheque received. If you do not have a traditional bank book, a bank machine printout which verifies the amount of direct deposits may be accepted;
- d. **Each applicant/member of the household with income-producing assets** must complete **Section 2-E** below and attach the Verification of Assets Form indicating all bank accounts and their balance;
- e. **Each applicant/member of the household with non-income producing assets** must complete **Section 2-F** below and indicate the types of assets and values;
- f. If you **own property**, you must attach a “Standard **Agreement to Sell Your Property**”;
- g. Each applicant/member of the household who is a **full-time student must provide proof of full-time attendance at school.**

**Please note:** All applicants may provide information of their income based on the most recent Income Tax Return Form or Income tax Assessment provided by Revenue Canada.

**Income and Asset Information Section - (IAIS):**  
This section must be completed by each member of your household with income and assets.

**HOUSEHOLD MEMBER #1**

**1. Please print your name**

Last Name:	First name:	Social Insurance Number
Home Phone Number: ( )	Business Phone number: ( )	Fax number: ( )

**2. Your personal current income of all sources:**

Section	Source of Income	Type of income	Date From	Date To	Gross monthly income, \$
Section A	<b>Employment</b> <input type="checkbox"/> Employment Verification Form signed by your Employer	Company Name/Employer			
		Company name/Employer			
Section B	<b>Social Assistance</b> <input type="checkbox"/> Copies for verification	<input type="checkbox"/> Ontario Disability Support Payments			
		<input type="checkbox"/> Ontario Works			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> Other			
Section C	<b>Self-employment</b> <input type="checkbox"/> Copies for Verification	Type of Business:			
Section D	<b>Pension and Allowances</b> <input type="checkbox"/> Copies for Verification	<input type="checkbox"/> Old Age Security			
		<input type="checkbox"/> Guaranteed Annual Income Supplement			
		<input type="checkbox"/> Canada Pension Plan/ Quebec Pension			
		<input type="checkbox"/> Other Pension			

**TOTAL:**

**3. Your personal assets. Have you signed a “Standard Agreement to Sell your Property”? Yes ☐ No ☐**

Section	Assets	Type of Assets	Value, \$
Section E	<b>Income Producing Assets</b> <input type="checkbox"/> Verification form	<input type="checkbox"/> All savings accounts, balance in \$	
		<input type="checkbox"/> Other accounts, balance in \$	
Section F	<b>Non-Income Producing Assets</b> (Please indicate all your assets)	<input type="checkbox"/> Life Insurance, value in \$	
		<input type="checkbox"/> Real Estate, value in \$	
		<input type="checkbox"/> Other, value in \$	

**TOTAL:**

Income and Asset Information Section - (IAIS):  
This section must be completed by each member of your household with income and assets.

HOUSEHOLD MEMBER #2

1. Please print your name

Last Name:	First name:	Social Insurance Number
Home Phone Number: ( )	Business Phone number: ( )	Fax number: ( )

2. Your personal current income of all sources:

Section	Source of Income	Type of income	Date From	Date To	Gross monthly income, \$
Section A	<b>Employment</b> <input type="checkbox"/> Employment Verification Form signed by your Employer	Company Name/Employer			
		Company name/Employer			
Section B	<b>Social Assistance</b> <input type="checkbox"/> Copies for verification	<input type="checkbox"/> Ontario Disability Support Payments			
		<input type="checkbox"/> Ontario Works			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> Other			
Section C	<b>Self-employment</b> <input type="checkbox"/> Copies for Verification	Type of Business:			
Section D	<b>Pension and Allowances</b> <input type="checkbox"/> Copies for Verification	<input type="checkbox"/> Old Age Security			
		<input type="checkbox"/> Guaranteed Annual Income Supplement			
		<input type="checkbox"/> Canada Pension Plan/Quebec Pension			
		<input type="checkbox"/> Other Pension			

TOTAL:

3. Your personal assets. Have you signed a “Standard Agreement to Sell your Property?” Yes ☐ No ☐

Section	Assets	Type of Assets	Value, \$
Section E	<b>Income Producing Assets</b> <input type="checkbox"/> Verification form	<input type="checkbox"/> All savings accounts, balance in \$	
		<input type="checkbox"/> Other accounts, balance in \$	
Section F	<b>Non-Income Producing Assets</b> (Please indicate all your assets)	<input type="checkbox"/> Life Insurance, value in \$	
		<input type="checkbox"/> Real Estate, value in \$	
		<input type="checkbox"/> Other, value in \$	

TOTAL:

Income and Asset Information Section - (IAIS):  
This section must be completed by each member of your household with income and assets.  
**HOUSEHOLD MEMBER #3**

1. Please print your name

Last Name:	First name:	Social Insurance Number
Home Phone Number: ( )	Business Phone number: ( )	Fax number: ( )

2. Your personal current income of all sources:

Section	Source of Income	Type of income	Date From	Date To	Gross monthly income, \$
Section A	<b>Employment</b> <input type="checkbox"/> Employment Verification Form signed by your Employer	Company Name/Employer			
		Company name/Employer			
Section B	<b>Social Assistance</b> <input type="checkbox"/> Copies for verification	<input type="checkbox"/> Ontario Disability Support Payments			
		<input type="checkbox"/> Ontario Works			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> Other			
Section C	<b>Self-employment</b> <input type="checkbox"/> Copies for Verification	Type of Business:			
Section D	<b>Pension and Allowances</b> <input type="checkbox"/> Copies for Verification	<input type="checkbox"/> Old Age Security			
		<input type="checkbox"/> Guaranteed Annual Income Supplement			
		<input type="checkbox"/> Canada Pension Plan/ Quebec Pension			
		<input type="checkbox"/> Other Pension			

TOTAL:

3. Your personal assets. Have you signed a “Standard Agreement to Sell your Property?” Yes ☐ No ☐

Section	Assets	Type of Assets	Value, \$
Section E	<b>Income Producing Assets</b> <input type="checkbox"/> Verification form	<input type="checkbox"/> All savings accounts, balance in \$	
		<input type="checkbox"/> Other accounts, balance in \$	
Section F	<b>Non-Income Producing Assets</b> (Please indicate all your assets)	<input type="checkbox"/> Life Insurance, value in \$	
		<input type="checkbox"/> Real Estate, value in \$	
		<input type="checkbox"/> Other, value in \$	

TOTAL:

Income and Asset Information Section - (IAIS):  
This section must be completed by each member of your household with income and assets.

HOUSEHOLD MEMBER #4

1. Please print your name:

Last Name:	First name:	Social Insurance Number
Home Phone Number: ( )	Business Phone number: ( )	Fax number: ( )

2. Your personal current income of all sources:

Section	Source of Income	Type of income	Date From	Date To	Gross monthly income, \$
Section A	<b>Employment</b> <input type="checkbox"/> Employment Verification Form signed by your Employer	Company Name/Employer			
		Company name/Employer			
Section B	<b>Social Assistance</b> <input type="checkbox"/> Copies for verification	<input type="checkbox"/> Ontario Disability Support Payments			
		<input type="checkbox"/> Ontario Works			
		<input type="checkbox"/> Other			
		<input type="checkbox"/> Other			
Section C	<b>Self-employment</b> <input type="checkbox"/> Copies for Verification	Type of Business:			
Section D	<b>Pension and Allowances</b> <input type="checkbox"/> Copies for Verification	<input type="checkbox"/> Old Age Security			
		<input type="checkbox"/> Guaranteed Annual Income Supplement			
		<input type="checkbox"/> Canada Pension Plan/ Quebec Pension			
		<input type="checkbox"/> Other Pension			

TOTAL:

3. Your personal assets. Have you signed a “Standard Agreement to Sell your Property”? Yes ☐ No ☐

Section	Assets	Type of Assets	Value, \$
Section E	<b>Income Producing Assets</b> <input type="checkbox"/> Verification form	<input type="checkbox"/> All savings accounts, balance in \$	
		<input type="checkbox"/> Other accounts, balance in \$	
Section F	<b>Non-Income Producing Assets</b> (Please indicate all your assets)	<input type="checkbox"/> Life Insurance, value in \$	
		<input type="checkbox"/> Real Estate, value in \$	
		<input type="checkbox"/> Other, value in \$	

TOTAL:



## Declaration and Consent

I declare that all information given in this application is correct and complete.

The application and any supporting documents become the property of Kingston & Frontenac Housing Corporation.

I agree to provide any supporting material as may be required.

I understand that if accommodation is provided to me the unit will be occupied by me and the persons listed on this application.

I understand I must report any changes to my documents within 30 business days of those changes occurring.

**Personal information collected by Kingston & Frontenac Housing Corporation, pursuant to the Housing Services Act, 2011, will be used to determine eligibility for housing applied for and to determine your housing rent subsidy.**

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give my consent:

- To verify information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Kingston & Frontenac Housing Corporation;
- To verify any supporting documents as required for my application.

To disclose the information given on this form to non-profit housing corporations, co-operatives, municipal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application.

**Personal information contained in this form or in attachments is collected by Kingston & Frontenac Housing Corporation pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m.56).**

# Kingston & Frontenac Housing Corporation

**The Application and consent must be signed by each member of the household who is 16 years of age or older, or authorized person on the member's behalf**

Household Member _____ <b>Signature</b>	Household member _____ <b>Signature</b>
Household Member _____ <b>Signature</b>	Household member _____ <b>Signature</b>
Household member _____ <b>Signature</b>	Household member _____ <b>Signature</b>
Household member _____ <b>Signature</b>	Household member _____ <b>Signature</b>

**Date: (month/day/year)** \_\_\_\_\_