



Subsidy Review:

Section 1 – Resident Information

HOUSEHOLD COMPOSITION FORM

No. of bedrooms: Bachelor 1 2 3 4 5

Tenant Name: _____

Street Address: _____ Unit #: _____

City: _____ E-Mail: _____ Postal Code: _____

Telephone Number: _____ Business and or Cell Telephone: _____

Starting with YOURSELF, you must list ALL HOUSEHOLD MEMBERS, including all children. Please indicate if the children live with you or if visitation only

Name of Household Member (include yourself)	Date of Birth YYYY-MM-DD	Sex M/F	Relationship to Lease Holders	Lives with - or Visitation

If anyone has moved in or out of your household since your last subsidy renewal please indicate
 IN OUT NO CHANGE

Name of Person	Date of Move

Section 2 – Income Information

You are required to report and provide verification for all sources of income you and all persons of your household receive. Income means all money you receive, from all places.

Starting with YOURSELF, list all members of the household and any money that you and all persons living with you are receiving from all sources

Household Members Name	Source of Income OR School Attended if Student	Yearly income	Income Tax Attached
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Support payments made to someone outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Verification attached? <input type="checkbox"/> Yes
Support payments received by someone in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Verification attached? <input type="checkbox"/> Yes

Please complete Section 3 on other side of this page

Section 3 – Release and Consent

Personal information contained on this form or in attachments is collected by or for the Kingston & Frontenac Housing Corporation pursuant to the Housing Services Act, 2011, and will be used to determine the suitability and eligibility for housing applied for, continuation of housing, and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to local housing corporations, non-profit housing corporations, the Corporation of the City of Kingston and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies providing social assistance to the tenant under the Act, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997* or the *Day Nurseries Act*, or as authorized by an agreement under section 163 or 164 of the Act. The tenant consents to the verification, disclosure and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material upon request. Questions about the collection, use, and disclosure of this information should be directed to: The C.E.O., Kingston & Frontenac Housing Corporation, at 613-546-5591.

The information obtained will be used to calculate your geared-to-income rent and establish your continued eligibility for assisted rental housing.

By signing below, I am consenting that I understand that any personal information, as defined by the *Municipal Freedom of Information and Protection of Privacy Act*, may be exchanged between the Kingston & Frontenac Housing Corporation and the Corporation of the City of Kingston in accordance with the *Housing Services Act, 2011*, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997*, the *Day Nurseries Act*, or as authorized by an agreement under section 163 or 164 of the *Housing Services Act, 2011*. Personal information may be exchanged for the purpose of determining the suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent geared-to-income charge.

1. The information given in the form as to the occupants of the unit and the gross household income is accurate and complete.
2. I understand that Kingston & Frontenac Housing Corporation will use my personal information that I give them to determine my ongoing eligibility for RGI assistance; the size and type of unit I may be eligible to receive; and the amount of geared to income rent payable by me.
3. I declare that all information given in this application is correct and complete.
4. The application and any supporting documents become the property of Kingston & Frontenac Housing Corporation.
5. I agree to provide any supporting material as may be required.
6. I understand I must report any changes to my documents within 30 days of those changes occurring.

Signatures of Lease Holders:

Household Member (please print name)	Signature	Date
Household Member (please print name)	Signature	Date
Household Member (please print name)	Signature	Date
Household Member (please print name)	Signature	Date
Household Member (please print name)	Signature	Date

Emergency Contact Name and Relationship to you;	Emergency Contact Telephone Number:
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Income and Asset Information

NAME OF HOUSEHOLD MEMBER #1: _____

Assets

Assets are valuable things that you own for example bank accounts, Registered Retirement Savings Plan, real estate, investments, life insurance, Registered Retirement Saving Plan (RRSP) etc.

Please list all assets held by all members of your household

- Please answer YES or NO to indicate if you own or are the part owner of any asset(s).
- Indicate the current VALUE or BALANCE of the asset(s).

Attach verification for all your assets

- **Bank statements**
- **Ownership**
- **Current Statement showing value/ cash surrender value**
- **Life Insurance Policy**

			DETAILS (e.g. account number and financial institution)	VALUE/BALANCE (\$)
Bank accounts	Yes	No		
Guaranteed Income Certificate (GIC), Term deposits	Yes	No		
Stocks, bonds, shares, securities	Yes	No		
Registered Retirement Savings Plans (RRSP)	Yes	No		
Registered Retirement Income Fund (RRIF)	Yes	No		
Life Income Fund (LIF), annuities, life annuities	Yes	No		
Life Insurance · Include name of insurance company · Include cash surrender value	Yes	No		
Real Estate (House, Land, or property) · Include address	Yes	No		
Vehicle(s) Car, Trucks, SUV's etc.				
Pleasure vehicles – trailers(camping/utility), snow machines, 4-wheelers etc.				
Other				

NAME OF HOUSEHOLD MEMBER #2: _____

			DETAILS (e.g. account number and financial institution)	VALUE/BALANCE (\$)
Bank accounts	Yes	No		
Guaranteed Income Certificate (GIC), Term deposits	Yes	No		
Stocks, bonds, shares, securities	Yes	No		
Registered Retirement Savings Plans (RRSP)	Yes	No		
Registered Retirement Income Fund (RRIF)	Yes	No		
Life Income Fund (LIF), annuities, life annuities	Yes	No		
Life Insurance · Include name of insurance company · Include cash surrender value	Yes	No		
Real Estate (House, Land, or property) · Include address	Yes	No		
Vehicle(s) Car, Trucks, SUV's etc.				
Pleasure vehicles – trailers(camping/utility), snow machines, 4-wheelers etc.				
Other				

