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Appendix 1: Household Income and Asset Review Form

Sample Cover Letter

[Print on letterhead]

This is your annual review package. You must fill it out and return it to *[who and where]* by *[date]*. Every household that receives rent-geared-to-income (RGI) assistance must fill out this form at least once a year. This is a government requirement.

Here is what to do

- 1) Have one person fill out this form for all members of your household.
- 2) List the income or assets of each person in the household who is 16 years of age or older. Include both Canadian and foreign income and assets.
- 3) Attach proof of all the income and asset information you give. (At the end of this package, there is a list of many types of income and assets. There is also a list of the documents that you should provide. You may want to look at it before you complete this form.)

Note:

Full-time students do not have to provide income and asset verification if they

- are a child of another member of the household
- have always lived at home, and
- do not have a spouse or a child, and
- for post-secondary students, if they have not been out of secondary school for more than 5 years at the start of their study program.

Attach proof of student status for any children 16 years of age or older who attend school full-time.

- 4) Make sure everyone in the household who is 16 years of age or older signs the form whether they have income or not.
- 5) Return this form and all the documents to [who and where, same as above] by [date, same as above].

If you have any questions or need help filling out this form, please call *[name]* at *[phone number]*.

Remember,

- you must hand this form in by the deadline
- □ you must report changes to this information during the year. Report a change in
 - who lives in the household
 - a household member's right to stay in Canada
 - a household member's status as a student
 - the income or assets of any member of the household 16 years of age or older.

If your household loses its RGI assistance, you will have to pay market rent for your home. To get RGI assistance again, you would have to apply to Housing Connections and wait until your name reached the top of the waiting list.

Household Information
Address (number and street name):
Apartment or unit:
Postal Code:
Number of bedrooms in your unit
Daytime phone number:
Alternative phone number:

List all members of your household – Include everyone who lives in your unit. Start with yourself.

Last Name	First Name	Relationship to you	Date of Birth: Day/Month/ Year	Sex: F/M	Status in Canada: Canadian Citizen Permanent Resident Convention Refugee or Refugee Claimant	Full- time Student Yes or No	Income: Yes or No

Income from Employment

List the employment income of all members of your household 16 years of age or older. For example, include pay, vacation pay, tips, bonuses, EI, short-term WSIB.

Remember to

- report gross monthly income this is your income before money is taken off for taxes and so on.
- attach documents to verify each source of employment income

Note:

You do not have to include the income or assets of full-time students if they

- Are a child of a member of the household
- Have always lived at home
- Do not have a spouse or a child, and
- For post-secondary students, have not been out of secondary school for more than 5 years at the start of the study program.

You must provide proof that the student attends school full time. For example, attach a letter from the principal or registrar, a certified timetable, a loan or bursary document stating the name of the school and the number of courses the student is taking, or a receipt from the school showing the tuition fees paid.

Household Member	Employer	 Gross Monthly Income To find monthly income If you are paid weekly, multiply by 4.333 If you are paid every 2 weeks, divide by 2 and then multiply by 4.333

Self-Employment Income

List self-employment income for each household member 16 years of age or older. For example, include the income of household members who are freelance workers, business licence holders, independent contractors, sole proprietors of a business, or partners in a business.

Household Member	Type of Business

Income from Assets

List the assets of all members of your household 16 years of age or older. For example, include bank accounts, term deposits, GICs, RRIFs and annuities, mutual funds, stocks or shares, bonds and real estate. Do not include personal belongings such as gifts, clothing, jewellery, furniture, or cars unless they are used for business or as investments.

Remember to

- list all assets even if they do not produce regular income
- attach supporting documents for all assets.

Household Member	Description of Asset	Value/Balance

Income from Pensions or Support Payments

List any pension or support payments received by members of your household 16 years of age or older. For example, include public pensions (OAS, CPP, QPP, GIS, or GAINS), private pensions, long-term disability payments, child or spousal support payments, and sponsorship support.

Household Member	Pension or Support Agreement	Monthly Income

Does anyone in your household pay child or spousal support?

No _____ Yes _____

If yes, Name of household member ______ Monthly payment ______

Income from Ontario Works (OW) or Ontario Disability Support Program (ODSP)

Do any members of your household receive payments from Ontario Works (OW) or Ontario Disability Support Program (ODSP)?

No _____ Yes _____

If yes, circle the program and list the names on the Proof of Eligibility Letter.

Circle Program:

OW OSDP Names on Proof of Eligibility Letter

Information on Types of Income and Assets and Proof Required

You must report all income, benefits, and gains of every kind and from every source, including foreign sources. Some income may be excluded from rent-geared-to-income calculations, but you still have to report it. The following list identifies most sources of income and assets as well as the documents that you will need for proof. However, this is not a complete list.

Income	Proof required
 Employment full-time, part-time, casual, seasonal overtime, shift premiums and vacation pay commissions, tips, bonuses illness and disability pay Employment Insurance (EI) payments Workplace Safety and Insurance Board (WSIB) short-term payments strike pay 	 pay stubs (year-to-date preferred) or pay stubs for at least 8 weeks. They must include the employer's name and address and show which pay periods are covered. or a letter from the employer or agency indicating gross income or average earnings and length of employment. This letter must be signed and on letterhead. It must include the name and phone number of a person to contact for verification. Letters are not recommended unless pay stubs are not available. For EI, statement printout from household member's EI web account For WSIB, letter or statement or pay stubs For fluctuating income, after the first year, Notice of Assessment from Canada Revenue Agency

 Self-employment tutoring babysitting / child care taxi business other 	 Business licence holders should report whether or not they have received business income. If self-employed less than one year, a financial statement every 3 months. This statement does not have to be audited. If self-employed over one year, a working copy of their Canada Revenue Agency personal income tax return, including the Statement of Business or Professional Activities and a Notice of Assessment. If self-employed over one year and incorporated: a T4 and T5, if any, for employment income and/or dividend income received from the business, or a copy of their personal income tax return and a Notice of Assessment.
 Assets bank, trust or credit union accounts investments (stocks, bonds, shares, securities) Guaranteed Income Certificates (GICs) RRIFs and annuities Savings Plan real estate (house, land, cottage) cash surrender value of life insurance 	 a copy of bank passbooks for the last 2 months T3s or T5s or investment statements or cheque stubs a copy of a real estate appraisal a copy of the policy or a letter from insurer stating cash surrender value
 Pensions or Support Old Age Security (OAS) Canada Pension Plan (CPP) or Québec Pension Plan (QPP) Guaranteed Income Support (GIS) or Guaranteed Annual Income System (GAINS) 	 T4 or letter/statement from Service Canada stating gross income from OAS/GIS and CPP, or for seniors on fixed incomes, the Notice of Assessment from Canada Revenue Agency, or

 Workplace Safety and Insurance Board (WSIB) long-term disability Pensions: retirement pensions, other country 	 cheque stubs or copy of cheque (housing provider/RGI Administrator must confirm that amounts are gross income), or copy of pass book entries for previous 3 months or monthly bank statements if direct bank deposit (housing provider/RGI Administrator must confirm that deposits are gross income), or letter/statement from (foreign) government
 War Veteran's Allowance (included) Veteran's Independence Program benefit (excluded) 	 agency issuing pension letter/statement from Veterans Affairs Canada
• Special Allowance under the Veteran's Disability Pension Program (excluded)	
war reparations	• statement from (foreign) government agency issuing payment
spousal support, child support, separation payments received or paid	 for child support, a separation agreement or court order or letter from a lawyer plus evidence of funds received or paid for spousal support, a divorce document or letter from a lawyer plus evidence of funds received or paid
sponsorship agreement	statement from Citizenship and Immigration Canada and statement of support from sponsor
Social Assistance	
 Ontario Works (OW) Ontario Disability Support Program (ODSP) 	• Proof of Eligibility Letter and statement of assistance

Consent and Declaration

Please have all household members 16 years of age and older sign this form.

I confirm that all the information given about me in this form is true and complete.

I understand that my household can lose its RGI assistance if I give false or incomplete information to a housing provider/RGI Administrator. I understand that my household can lose its RGI assistance if all members of the household are absent from my unit for a longer period of time than permitted under the City of Toronto Absence from Unit rule.

I understand that I must

- inform *[fill in housing provider/RGI Administrator name]* within 30 days of any change in my income or assets or right to stay in Canada
- inform [housing provider/RGI Administrator] if there is a change in who lives in my unit
- provide documents within 30 days of any change

I understand that {fill in housing provider/RGI Administrator name} must collect personal information about me. I understand that {fill in housing provider/RGI Administrator name} will use this information to decide

- if my household qualifies for the unit or apartment we live in
- if my household continues to be eligible for rent-geared-to income assistance
- how much rent-geared-to-income assistance my household qualifies for.

I agree to allow [fill in housing provider/RGI Administrator name] to make inquiries to verify the information given about me in this Household Income and Asset Review. I permit any person, corporation, or social agency to release any required information to [housing provider/RGI Administrator name].

I understand that the housing provider/RGI Administrator does not have to notify me before giving information on this form, or in any attached documents, to the City of Toronto or to any government or organization with which the City of Toronto may share information under the *Housing Services Act* (HSA).

I understand that any information on this form or in any attached documents will only be given in accordance with the *HSA*, the *Municipal Freedom of Information and Protection of Privacy Act* and associated regulations.

Signature of household member 1	Date	
Toronto Shelter, Support & Housing Administration	12	Updated July 2018

Signature of household member 2	Date
Signature of household member 3	Date

If you have any questions or complaints about the collecting and sharing of this information, please call [name and title] at [phone number]

Appendix 2: Sample Letter — Reminder Notice

[Print on letterhead]

Last chance to send in your income and asset review form

To: [Name each household member 16 years of age or older]

Date:

Unit:

Today was the deadline for sending in your income and asset review form.

To keep your RGI assistance, you must fill in this form and return it with the required proof of income by *[fill in the time, day, month, and year]*

If you do not send in this form with the required documents, you may lose your rent geared-to-income (RGI) assistance. If this happens, you will have to pay market rent for your unit. To get RGI again, you will have to apply to Housing Connections. This means that you will have to wait until your name reaches the top of the list. This could take several years.

If you are having difficulty getting the information, call *[name]* at *[phone number]* right away.

Sincerely, [Name and Title]

Appendix 3: Sample Letter — Missing Information

[Print on letterhead]

Missing information on your income and asset review form

To: [Name each household member 16 years of age or older]

Date:

Unit:

Thank you for returning your income and asset review form.

Some of the information was missing. This information will help us to confirm that you are still eligible for subsidy, and to set your rent.

We need the following information by [date]:

[Fill in the details]

If you do not send this information to us at *[place]* by *[date]*, you could lose your RGI assistance. If this happens, you will have to pay market rent for your unit. To get RGI assistance again, you will have to apply to Housing Connections. This means that you will have to wait until your name reaches the top of the list. This could take several years.

If you are having difficulty getting the information, call *[name]* at *[phone number]* right away.

Sincerely, [Name and Title]

Appendix 4: Sample Letter — Notice of Decision

[Print on letterhead]

Notice of Decision

To: [name each member of the household 16 years of age and older]

Date: Unit:

This is your notice that (choose one):

- your RGI rent will [increase or decrease]. You will have to pay your new RGI rent of [insert rent amount \$] as of [insert effective date] or
- you are overhoused in your current unit. Your household is eligible for a [insert unit size] bedroom unit. You will have to move to a smaller unit. [choose one of the following two statements, insert- your household will be placed on the internal waiting list or housing provider/RGI Administrator will send an application on your behalf to the centralized waiting list]. You will be able to refuse two offers. If you refuse 3 offers, and you have been overhoused for at least 12 months, you will lose your eligibility for RGI or
- you are no longer eligible for special needs housing. You will have to move to another unit. Your household will be added to the internal transfer list for a *[insert unit size]* bedroom unit.

This decision was made on [insert date].

[Insert reasons for decisions]

You can ask for a review of this decision by sending a written request by [*insert date* -30 *calendar days after the housing provider/RGI Administrator issues this notice*] addressed to [*insert name of housing provider/RGI Administrator*] at the address shown on this notice. We will schedule a review within 30 calendar days of receiving this request.

If you have any questions, please contact [insert name and phone number].

Sincerely,

[Name and Title]

Appendix 5: Mandatory Letter — Notice of Decision, Loss of Eligibility for RGI Assistance

[Print on housing provider/RGI Administrator letterhead]

Notice of Decision Loss of Eligibility for Rent Geared-to-Income Assistance

YOU MAY ASK FOR A REVIEW OF THIS DECISION WITHIN 30 DAYS OF RECEIVING THIS NOTICE

Follow the instructions in the attached Request for Review Form

Date of Notice:	[insert date this notice was completed]	
(yyyy-mm-dd)		
То:	[insert names of all household members who signed the	
	lease/occupancy agreement]	
Household Address:	[insert household's address]	
From:	[insert housing provider/RGI Administrator name and address]	
Date of Decision:	[insert date that the housing provider/RGI Administrator staff	
(yyyy-mm-dd)	person made the decision]	
Effective Date for Rent	[insert date - 1st day of the month following 90 days after the	
Increase:	date of this of this Notice]	
(yyyy-mm-dd)		
Market Rent Charge	Encout full requires the surger	
Payable:	[insert full market charge]	

Reason Why Your Household is Losing Eligibility for RGI Assistance

Choose one or more of the reasons listed in the first column below. Complete the rows below that apply and delete the rows that do not apply. **Delete all the instructions once you have completed the form.**

Did not provide information	State the dates on which the RGI Administrator asked the
for annual review of income	household to submit information, the specific information
and assets	requested and the response of the household to each request.
Did not report mid-year	State the changes in household income, assets or household
changes in income or who	composition not reported by the household and the date of the
lives in the household	changes. Note: a household can report a new baby at the next annual review.
Did not try to obtain Income	State the income type that the household may be entitled to, when the RGI Administrator notified the household in writing to apply for income, the reporting deadline given to the

	household and the response or lack of response by the
	household.
Absent from the unit more	State the relevant section(s) of the Local Rule for Absence
days than permitted under	from unit. State the period of time during which all members of
the Local Absence from Unit	the household were absent and the evidence and/or
rule	documents used to make the decision.
Paid RGI rent equal to	State the following: Under the HSA Regulation 367, s. 30, a
market rent for 12 months	household that has been receiving rent-geared-to-income
	assistance ceases to be eligible for such assistance if, for a
	period of 12 consecutive months, they have paid RGI rent that
	is equal to market rent.
	State the date on which the household began paying RGI rent
	equal to Market Rent.
Overhoused under Local	State the date on which the RGI Administrator first notified the
Occupancy	household they are overhoused and the actions the household
Standards/refused offers	has taken (choices: refused three offers, removed their
	application from the centralized waiting list, or selected less
	than five preferences on the centralized waiting list).
Did not divest leased or	Identify the address of the property and, if known, when it was
owned residential property	bought or leased by a member of the household.
	If the household informed the RGI Administrator about
	acquiring the owned or leased property, state:
	1. the date the household acquired the property
	2. the date on which the RGI Administrator first notified the
	household about the requirement to divest
	3. the deadline the RGI Administrator gave for divestment,
	and
	4. the response by the household.
Household includes a	State the names of persons living in the household who are
person not legally resident	not legally resident in Canada. Exclude short-term guests as
in Canada	permitted under housing provider/RGI Administrator's Guest
	Policy.
Former tenant arrears	State the name of the social housing provider to whom one or
	more household members owe arrears from a former tenancy.
	State whether the household has not signed or has defaulted
	on a signed repayment agreement. Provide the former housing
	provider's contact name and phone number.
Certain Convictions	State the following: On [state the date of conviction], a court of
	law convicted a member of your household of [choose 1. or 2].
	1. knowingly obtaining or receiving RGI assistance they were
	not entitled to, or
	2. committing a crime under the Criminal Code (Canada) in
	relation to the receipt of rent-geared-to-income assistance.

Please note: [insert RGI Administrator name] made this decision based on the information we		
have. If you have other information and/or documents that could change the decision, please		
call or visit the office as soon as	possible.	
Personal contact with	RGI Administrators must attempt to make direct personal	
household:	contact with household members or someone acting on their behalf before issuing a Notice of Decision Loss of Eligibility for Rent Geared-to-Income Assistance. Note: this is not applicable for "certain convictions" or "did not divest leased or owned residential property".	
	List all contact attempts and responses, if any, from the household. If there was no direct personal contact, explain why.	
Name of RGI Administrator	[insert name of staff person that a household member can	
representative:	-	
Phone number of RGI Administrator	[insert phone number of the staff person named above]	
representative:		
Signature of RGI	[staff person responsible for this notice]	
Administrator		
representative:		



Please type or print and return to this form by mail to:

City of Toronto, Housing Stability Services **Attention: Review Body** Metro Hall, 55 John Street, 6th Floor Toronto, Ontario, M5V 3C6 Fax: (416) 696-3718 E-mail: <u>socialhousing@toronto.ca</u>

1. Applicant Information

Last Name:	First Name:		
Mailing Address:	Apartment Number: Postal Code:		
Email Address:	Area Code: Telephone Number:		
What is the date on your Notice of Decision? (mm/dd/yyyy)			
Name of Housing Provider:			
Please provide a copy of the Notice of Decision received from your Housing Provider.			

2. Advocate or Other Contact Person

If you would like another person to act as a representative on your behalf, or would like someone else to know the details of your request, please complete this section:

Advocate/Agency:	Email:	Telephone Number:

3. Applicant Consent

For the purposes of reviewing a loss of eligibility decision, I consent to the City of Toronto obtaining, disclosing or exchanging my personal or other information (including information contained in tenancy file or other files) at any time, from, to or with my housing provider, the City of Toronto and the person named in the Advocate or other contact person section of this form.

Applicant(s) Signature:	Date: (mm/dd/yyyy)
X	
Note: You must be 40 upons of one or older to	
Note: You must be 16 years of age or older to request a Review	

Form continues on following page.

4. Reasons for Requesting Review (mandatory)

Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation.

Please Note: You must sign and deliver this form by fax, mail, email or in person within 20 business days of receipt of the Notice of Decision you received from your housing provider. If you have missed this deadline, you can still ask for a review but you must explain why you needed more time.

Explanation of why Request for Review is being submitted after deadline (if applicable):

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136(c) and Housing Services Act, S.O. 2011, Chapter 6, Schedule 1, s. 42 to s. 67. The information is used to allow city staff to determine an applicant's eligibility for rent geared-to-income assistance. Questions about this collection can be directed to the Manager, Housing Stability Services, Metro Hall, 55 John Street, 6th Floor, Toronto, Ontario, M5V 3C6 or by telephone at 416-392-4126.

Appendix 6: Rent Calculation Worksheet

Always use a worksheet to record your RGI calculations. If you do not want to use this worksheet, you can use another, as long as all necessary information is recorded.

Household Name: _____Unit: _____Unit size: _____

Remember:4.333 weeks a month, 26 pay periods a year if paid every two weeks, 24 pay periods a year if paid twice a month					
1. Social A	ssistance Inco	me			
Ontario Works	ODSP	Beneficiaries	Scale Rate	Non-Benefit Income Limit*	
Total Monthly RGI rent (income part)based on Social Assistance Scale (*If non-benefit income exceeds limit, go to #2)					

2. Employment Income (includes EI, short-term WSIB, training allowance)

	Gross/Mth	(Deduction)	Adjusted \$		
Adult A				See calculation for a child of the household in section # 2a	
Adult B				at the end of this worksheet.	
Adult C					
Total Adjusted Monthly Income					

Self-Employment Income 3.

Monthly net income after allowable business deductions.



4. **Other Income**

(pensions, support income, grants, investment income, etc.) * Deduct \$1000 from the household's total assets in bank accounts (use minimum monthly balances)

	Gross/Mth
Adult A	
Adult B	
Adult C	

Total

5. Non-Income-Producing Assets (bank accounts, real estate etc.)

	Total Value	x imputed rate of return (from current City Guideline)	Divided by 12
Adult A			
Adult B			
Adult C			
Total Monthly Income from Assets			

6.	Total Monthly Adjusted Income (Add Lines 2 to 5)	
7.	Monthly RGI Rent (income part)based on Adjusted Income (30% of Line 6)	
8.	Monthly RGI Rent (income part)from Social Assistance Scale (from Line 1)	

9.	Monthly RGI rent (utility part) add charge or subtract utility allowance	
10.	Monthly RGI Rent (Line 7 or 8 + 9; or 7 and 8 + 9)	
11.	Plus Parking (if applicable)	
12.	Plus Cable TV	
13.	Other:	
14.	Total Monthly Rent (Add Lines 10 to 13)	

15. Market Rent for the Unit	
16. Monthly Rent (from Line 10)	
17. Subsidy Amount (Line 15 minus Line 16)	

Notes:

* See Social Assistance Scale for non-benefit income thresholds

\$150 deduction per family with dependants; \$75 per person with income from employment in household without dependants with \$150 maximum per family unit

Net business income = gross business income minus business deductions but adding back draws or salaries, depreciation of capital assets, childcare expenses, RGI rent and personal utilities. Employment related deductions as described above are also applied

For children 16 years of age or older who have always lived at home but do not qualify as students, use the calculation for a child of the household.

Calculation for child of the household

2.a) Employment Income for a Child of the Household				
	Gross/Mth.	Column 1 \$1000 of Gross/Mth x 15%	Column 2 +\$1000 of Gross/Mth. x 30%	Total Add column 1 and 2
Child A				
Child B				

Add total of 2.a) to Line 10

Special Comments:

Prepared By: _____

Date:_____

Pro-Rated Rent Table

When a household lives in a unit for less than a full month, you can use this table to calculate the rent for the partial month.

Calculate the rent for the part month by multiplying the monthly rent by the factor from the Pro-rated Rent Table.

For example:

If a tenancy agreement starts on the 18^{th} day of a 30-day month, the factor is -.43333.

If the rent is \$320 per month, the charge for the month is \$139.

(\$320 x .43333 = \$138.67)

	Use these facto	rs in month with	1:	
Move-in day	28 days	29 days	30 days	31 days
31				.03226
30			.03333	.06452
29		.03448	.06667	.09677
28	.03571	.06897	.10000	.12903
27	.07143	.10345	.13333	.16129
26	.10714	.13794	.16667	.19355
25	.14286	.17242	.20000	.22581
24	.17857	.20690	.23333	.25806
23	.21428	.24138	.26667	.29032

Note:	There is a decimal point at the beginning of each factor.
-------	---

	Use these factor	rs in month with	1:	
Move-in day	28 days	29 days	30 days	31 days
31				.03226
30			.03333	.06452
29		.03448	.06667	.09677
28	.03571	.06897	.10000	.12903
27	.07143	.10345	.13333	.16129
26	.10714	.13794	.16667	.19355
25	.14286	.17242	.20000	.22581
24	.17857	.20690	.23333	.25806
23	.21428	.24138	.26667	.29032
22	.25000	.27586	.30000	.32258
21	.28571	.31035	.33333	.35484
20	.32143	.34483	.36667	.38710
19	.35714	.37932	.40000	.41935
18	.39285	.41378	.43333	.45161
17	.42857	.44827	.46667	.48387
16	.46428	.48276	.50000	.51613
15	.50000	.51724	.53333	.54839

	Use these factor	rs in month with	1:	
Move-in day	28 days	29 days	30 days	31 days
14	.53572	. 55173	. 56667	.58065
13	.57143	.58622	.60000	. 61290
12	.60715	.62068	.63333	. 64516
11	.64286	. 65517	. 66667	.67742
10	.67857	. 68965	.70000	.70968
9	.71429	.72414	.73333	.74194
8	.75000	.75862	.76667	.77419
7	.78572	.79310	.80000	.80645
6	.82143	.82758	.83333	.83871
5	.85714	.86206	.86667	.87097
4	.89286	.89655	.90000	.90323
3	.92857	.93103	.93333	.93548
2	.96429	.96552	.96667	. 96774
1		Month	ly rent	

Appendix 7: Rent Supplement Agreement

The Rent Supplement Agreement, HSA Regulation 298 and parts of Regulation 367 apply to rent supplement units.

Housing providers must follow the terms of their Rent Supplement Agreements.

In order to work with the centralized waiting list system, housing providers administering the rent supplement program need to have:

- 1. an internal transfer policy
- 2. a guest policy.

New rent supplement agreements include sections with these requirements. The City recommends that housing providers with older rent supplement agreements also adopt internal transfer and guest policies.

Appendix 8: Mandatory Use - Forms for Assessing a Medical Need for an Additional Bedroom

Under the City of Toronto's local occupancy standards, a household can qualify for an additional bedroom for a number of medical reasons.

Every RGI Administrator must use these forms when assessing a medical need for another bedroom.

Note: RGI Administrators may modify the City of Toronto forms for assessing medical need, if they receive Social Housing Unit approval. Contact your Social Housing Consultant.

Form 1: Medical Need for an Additional Bedroom – Every household that requests an extra bedroom because of a disability or medical condition **must submit this form**. The patient's doctor must complete and sign the form and the patient must also sign it.

Form 2: Care Agency Verification – Use this form when caregiver services are provided through an agency. A representative of the care agency must complete and sign the form.

Form 3: Caregiver's Verification – Use this form when caregiver services are contracted directly by the household. The caregiver must sign this form.

Note: The income of a caregiver is excluded from household income if

- the caregiver is living in the unit solely to provide full-time overnight support services to a member of the household that are needed because of the member's disability or medical condition, and
- the caregiver has a permanent address elsewhere, unless the caregiver is subject to an arrangement with Citizenship and Immigration Canada.

A caregiver is not a member of the household and has no tenancy/occupancy rights.

Electronic versions of each form are available on the social housing unit website. They are in Microsoft Word so that you can easily transfer them onto your letterhead. You will need to fill in the section at the end of each form that gives information on the RGI Administrator contact. To find the forms, go to the <u>RGI Administration Manual</u> webpage. Scroll down to the list of RGI Forms.

Form 1: Medical Need for an Additional Bedroom

Name of applicant:	
Applicant's address:	

Important note to doctors and their patients

The City of Toronto has established Local Occupancy Standards for rent-geared-to-income housing. These Standards permit a household to qualify for an extra bedroom if:

1. A spouse who would normally share a bedroom requires a separate bedroom because of a disability or medical condition.

Spouses will not normally qualify for an additional bedroom unless a second bed cannot be accommodated within a shared bedroom.

A household will not qualify for an additional bedroom based on a snoring condition alone.

- 2. A room is required to store equipment that a member of the household needs because of a permanent disability or medical condition, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify. The following equipment will not normally qualify a household for an additional bedroom:
 - i. continuous positive airway pressure (CPAP) machines
 - ii. air-filtration systems
 - iii. vaporizers or humidifiers
 - iv. walkers, wheelchairs, or scooters
 - v. massage tables, or
 - vi. exercise equipment.
- 3. A room is required for an individual who provides full-time overnight support services to a member of the household.

When a household requests an extra bedroom for a medical reason, the RGI Administrator must determine if the household qualifies under the Local Occupancy Standards. From time to time, the RGI Administrator may ask for new information to verify that the household still qualifies for the extra bedroom.

The personal health information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom. This personal health information may also be disclosed to the City of Toronto Social Housing Unit, solely for the purpose of evaluating compliance with the Local

Occupancy Standards. The use and disclosure by the RGI Administrator of the personal health information in this report will be subject to the *Housing Services Act*, 2011, the *Health Information Protection Act* as applicable, and, in the case of the City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act*.

The patient must complete and sign this section. If the patient is less than 16
years of age, a parent or guardian must complete and sign this section.

I consent to my doctor disclosing the personal health information requested on this form to:

(RGI Administrator)

for the purposes identified on this form. I also consent to the RGI Administrator disclosing this personal health information to the City of Toronto for the limited purposes stated above.

Signature of patient or parent/guardian:	
Date:	

The patient's doctor must complete and sign this section.			
Doctor's Name (PLEASE PRINT):			
Address:			
Phone:			
1. How many years has this patient been under your care?			
2. What is the medical condition or disability that makes it necessary for your patient to have a separate bedroom?			
3. Why does a person with this medical condition or disability need an additional bedroom?			

4. What is the expected duration of the condition?		
5. If a room is requested to store medical equipment:		
What is the medical equipment?		
What are the dimensions of the medica	al equipment?	
Can the medical equipment reasonably be accommodated in the current unit or a unit size for which the household would normally qualify:		YES:□ NO:□
If no, why not?		
Complete this section if the patient is requesting a room for a full-time overnight caregiver.		
1. Does your patient require a full-time overnight caregiver?		YES:□ NO:□
2. What services does he/she require?		
Is the need for overnight care long-term?		YES:□ NO:□

Doctor's signature

I certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Signature:	Date:

Please address any questions or concerns regarding the collection, use, or disclosure of this information to:

Name of RGI Administrator:	
Title:	
Phone:	

Form 2: Home Care Agency's Verification

Name of client receiving care:	
Client's address:	

Important note to home care agency and their clients

The City of Toronto has established Local Occupancy Standards for rent geared-to-income housing. These Standards permit a household to have an extra bedroom for a full-time overnight caregiver who provides support services needed because of a household member's disability or medical condition.

When a household requests an extra bedroom for a caregiver, the RGI Administrator must determine if the household qualifies under the Local Occupancy Standards. From time to time, the RGI Administrator may ask for new information to verify that the household still qualifies.

The personal information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the City of Toronto, solely for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by the RGI Administrator of the personal information in this report will be subject to:

- the Housing Services Act, 2011
- the Health Information Protection Act as applicable, and
- in the case of the City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act.*

A representative of the home care agency must complete and sign this form.			
Home Car Agency:			
Home Care Agency representative:			
Name:			Title:
Address:	ldress:		
Phone:			

Signature of Home Care Agency Representative.			
I certify that my agency provides full-time overnight care to:			
The care my agency provides enables this client to live independently at the address given above.			
Signature of care agency representative:			
Date:			

Please address any questions or concerns regarding the collection, use, or disclosure of this information to:			
Name of RGI Administrator:			
Title:			
Phone:			

Form 3: Caregiver's Verification – caregiver not affiliated with a home care agency

Name of person receiving care:	
Client's address:	

Important note to caregivers and those receiving care

The City of Toronto has established Local Occupancy Standards for rent geared-to-income housing. These Standards permit a household to have an extra bedroom for an overnight caregiver who provides full-time support services needed because of a household member's disability or medical condition.

When a household requests an extra bedroom for a caregiver, the RGI Administrator must determine if the household qualifies under the Local Occupancy Standards. From time to time, the RGI Administrator may ask for new information to verify that the household still qualifies for the extra bedroom.

The personal information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the City of Toronto, solely for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by the RGI Administrator of the personal information in this report will be subject to

- the Housing Services Act, 2011
- the Health Information Protection Act as applicable, and
- in the case of the City of Toronto, the Municipal Freedom of Information and Protection of Privacy Act.

The caregiver must complete and sign this section.				
Name	e of Caregiver:			
-	vide full-time ight care to:			
The c	are I provide enable	es my client to live i	ndependently at the add	ress given above.
Please	e check the appropri	iate boxes below:		
	I live in this househeabove.	household solely for the purpose of providing care to the person named		
	• •	equired, under an arrangement with Citizenship and Immigration Canada, erson who requires care.		
	Attach documentation from Citizenship and Immigration Canada			
	□ The address given above is my permanent address. I understand that my income is part of the household's income for RGI purposes.			
□]	\Box The address given above is not my permanent address. My permanent address is			
Stre	et Number	Street Name	City	Postal Code
	Attach proof of address (lease or letter from landlord).			

Caregiver's Signature I certify that the information I have provided is true and correct to the best of my knowledge. Caregiver Signature: Date:

Please address any questions or concerns regarding the collection, use, or disclosure of this information to:

Name of RGI Administrator:	
Title:	
Phone:	

Appendix 9: Failure to Obtain Income

Before giving a notice that a member of a household must try to obtain income, it is important to assess whether the individual is likely to be eligible to receive income of the type referred to in Regulation 367. This appendix will provide you with some information that will help you decide if the income should be pursued.

Types of income that a household must try to obtain

The types of income that a member of a household must try to obtain are limited to the five that are listed in Regulation 367, s.21. The sections below provide information about eligibility for each of the sources of income. If a person is clearly not eligible for one of these sources, do not require them to try to obtain income.

1. Ontario Works

A household member should be asked to try to obtain income from Ontario Works if:

- the household member's income is less than the amount Ontario Works provides for the number of eligible beneficiaries in the household (see Ontario Works Regulation 134/98 sections 41.(1) and 42.(2); and
- the assets for the household member's benefit unit do not exceed the Ontario Works maximum asset limits; and
- the household member is not entitled to income from employment insurance or their entitlement is less than the amount Ontario Works would provide; or
- the household member is not entitled to a pension or supplement under the *Old Age Security Act* (Canada) or their entitlement is less than the amount Ontario Works would provide; or
- the household member claims that a sponsorship has broken down and the sponsor is no longer providing support to the household.

Maximum Asset Limits

The maximum asset limits increased in September 2017. The assets limits are:

Benefit Unit Size	Maximum Asset Limit	
Single applicant or recipient (no spouse and no dependents)	cipient (no spouse and no \$10,000	
Applicant or recipient with a spouse (no other dependents)	\$15,000	

Benefit Unit Size	Maximum Asset Limit
Applicant or recipient with a spouse and one other dependent	\$15,500
Applicant or recipient with a spouse and one dependent,	\$15,500 + \$500 for each
plus additional dependents	additional dependent
Applicant or recipient with one dependent (no spouse)	\$10,500
Applicant or recipient with one dependent, plus	\$10,500 + \$500 for each
additional dependents (no spouse)	additional dependent
Child in temporary care or a dependent of a dependent	\$500

A student receiving OSAP may be eligible in some circumstances.

Persons 65 and over may be eligible for OW if they have not lived in Canada long enough to qualify for Old Age Security (10 years after reaching age 18). OAS entitlement is reduced for persons who have not lived in Canada for at least 40 years. A household member should be asked to try to obtain income if the household member's pension income is less than the amount they would receive from Ontario Works.

If a family unit has non-benefit income of which 30 per cent is equivalent to the OW scale amount for that unit, the family should not be asked to obtain income from OW. This is because the receipt of any additional income from OW would not have any effect on RGI rent.

Do not ask the following individuals to try to obtain income from Ontario Works:

- a dependant child of a parent with whom s/he lives.
- a dependant child who has a child and whose family receives OW
- a household whose income is greater than the OW entitlement for the size of the household

If you are not sure whether you should require a household to try to obtain income from Ontario Works, call the Shelter Support Liaison Worker at any of Toronto Employment and Social Services' local offices.

2. Support under a legal agreement for support

The Family Responsibility Office (FRO) receives every support order made by a court in Ontario and enforces the amounts owed under the order. It also enforces private written agreements that include child or spousal support terms. Private written agreements can include separation agreements, other domestic contracts and paternity agreements. These types of agreements must first be filed with the court according to the procedure in the *Family Law Act* and the rules of court. An agreement can then be filed with the FRO for enforcement by the FRO.

If a tenant does have an agreement for support, the tenant would need to have documentation from the FRO showing that she had registered.

If a tenant does not have an agreement for support, refer the tenant to the Family Law Information Centres to find out how they can pursue support. These centres are located within each family court building.

If the tenant wants a lawyer and thinks she may be entitled to Legal Aid, she can contact the local Legal Aid office to determine if she is eligible. The local office is listed in the white pages of the telephone directory under Legal Aid Ontario.

If a benefit unit is receiving OW, then OW has already required them to pursue income. Do not require the benefit unit to pursue income.

3. Employment Insurance

When an individual informs the housing provider/RGI Administrator that s/he has lost a job, they should be asked to provide a copy of the Record of Employment as proof that the income has decreased. If the resident has not applied for employment insurance, the housing provider/RGI Administrator must require the resident to try to obtain employment insurance income.

4. Public pension benefits for seniors

The public benefits that a senior may be entitled to are:

Old Age Security (OAS) – an application must be submitted. The benefit begins at age 65. It is adjusted for inflation every three months. To qualify for OAS, a person must be

resident of Canada for 10 years after reaching age 18. OAS entitlement is usually reduced for persons who have not lived in Canada for at least 40 years.

Applicants can contact Service Canada at 1 800 277-9914 or 1 800 255-4786 (TTY/TDD) to request that an application kit be mailed to them.

Guaranteed Income Supplement (GIS) – To receive the Guaranteed Income Supplement benefit, a person must be receiving an Old Age Security pension. An application must be submitted for the first year. After that, it renews automatically when the recipient files their income tax return. It is adjusted for inflation every three months.

Applicants can contact Service Canada at 1 800 277-9914 or 1 800 255-4786 (TTY/TDD) to request an application.

Guaranteed Annual Income Support "A" (GAINS –A, Ontario) – qualified persons who are receiving GIS automatically receive this supplement. No application is required. Maximum monthly entitlement is \$83.

The Government of Ontario publishes a quarterly GAINS Benefit Rate Table. This documents the current Guaranteed Income for seniors in Ontario. You can find this page on the internet at <u>http://www.fin.gov.on.ca/en/lists/gains/1934.html.</u>

Housing provider/RGI Administrators cannot ask households to apply for the Canada Pension Plan or private pensions.

5. Sponsorship support

Sponsorship documents do not specify the amount of support that the sponsor must provide. The household needs to get a letter from the sponsor specifying the monthly amount of support being provided. If 30 per cent of a household's income is less than the OW shelter allowance for the family size, then the household should be asked to try to obtain either sponsorship support or OW.

If the household submits a letter from the sponsor saying that the sponsorship has broken down, then the member is eligible for OW and should be required to apply for income through OW.

Canada Pension Plan for the Disabled (CPP-D) and Ontario Disability Support

Program (ODSP)

Individuals who are receiving less CPP-D-D than the amount that they would receive from ODSP now automatically qualify to receive ODSP. This **is not a source of income that a household must try to obtain**. However, we recommend that housing provider/RGI Administrators help their tenants secure additional income by advising them to apply for ODSP.

Appendix 9b: Sample Letter - Household Must Apply for Income

[Print on letterhead]

Requirement to Apply for Income

To: [name each member of the household 16 years of age and older]

Date:

Unit:

Under the *Housing Services Act*, Regulation 367, s.31, RGI households must apply for income that they may be entitled to.

Your household may be eligible for income from [*choose one or more of the following, if you believe the household is eligible for income from this source*]:

[Ontario Works (OW) assistance]

[support payments under the *Divorce Act* (Canada), the *Family Law Act*, or the *Interjurisdictional Support Orders Act*]

[Employment Insurance (EI) benefits]

[A pension or supplement under Part I or II of the *Old Age Security Act* (Old Age Security (OAS) (this includes the Guaranteed Income Supplement (GIS)]

[support or maintenance from a sponsor (Immigration and Refugee Protection Act)]

We are requiring you to apply for income from the source(s) listed above.

You must inform the [*housing provider*] office by [*fill in the date 60 days from now*] of the results of your attempts to obtain income. If you do not try to obtain income, you may lose eligibility for RGI assistance.

If you have any questions about this letter, please call [*housing provider staff name and title*] at [*telephone number*]

Sincerely,

[Name and Title]

Appendix 10: Requirements for RGI Leases/Occupancy Agreements

All HSA, Part VII housing providers must ensure their leases, occupancy agreements and related documents comply with the following Local Rule - Leases and Occupancy Agreements.

Requirement to Have a Lease or Occupancy Agreement

1. Every housing provider and every household that rents or occupies a rent-geared-to-income unit in the housing provider's housing project(s) must enter into a lease or, in the case of a co-operative housing unit, an occupancy agreement.

Term

2. The term of every lease or occupancy agreement must not exceed one year.

Market Rent/Occupancy Charge, RGI Rent/Occupancy Charge and Additional Charges

- 3. Every lease or occupancy agreement must:
 - a. Specify the initial amount of rent that would be payable if the unit were a market unit,
 - b. Specify the initial amount of geared-to-income rent payable for one month by the household,
 - c. Provide that every individual accepted for occupancy, other than a caregiver, is a member of the household for the purpose of determining RGI rent, unless the individual has resided in the unit for less than 90 days,
 - d. Provide that the amount of the geared-to-income rent payable by the household for the unit is subject to change if the household's financial circumstances change, and
 - e. Specify all other charges that the housing provider is imposing, as permitted under the *Housing Services Act* or the *Residential Tenancies Act*, 2006.

Restrictions on Occupancy

- 4. The lease or occupancy agreement must:
 - a. restrict the occupancy of the unit to the members of the household at the time the household signed the lease or occupancy agreement and any additional persons the housing provider later agrees to accept for occupancy
 - b. require the household to advise the housing provider of any persons who stop occupying the unit or begin occupying the unit after the lease or occupancy agreement is signed, and
 - c. prohibit the assignment of the lease or occupancy agreement and prohibit the household from renting or subletting the unit to any person.

Compliance with RGI Rules

- 5. The lease or occupancy agreement must state that the RGI household may lose eligibility for RGI assistance if the household breaches any of the household's RGI-program-related obligations as set out in
 - a. the lease or occupancy agreement
 - b. the Housing Services Act or
 - c. Local Rules.

Guest Policy

- 6. Every housing provider must establish a Guest Policy (rules for the temporary accommodation of guests in RGI units):
 - a. The rules must comply with the *Housing Services Act*
 - b. The housing provider must provide a copy of their Guest Policy in either written or electronic format to
 - i. the City of Toronto, Social Housing Unit and
 - ii. all of the housing provider's rent geared-to-income households
 - c. The lease or occupancy agreement must include a reference to the housing provider's Guest Policy and the requirement to comply with these rules.