# **CITY GUIDELINE**

Number: 2002-2

Date Issued: November 5, 2002

Last City Guideline Received:

**Subject**: Annualized Claim Process for Housing Providers

Receiving Rent Supplement Funding

Effective Date: January 1, 2003

# Applicable to:

The policies and procedures in this City Guideline are mandatory and are to be implemented by Housing Providers receiving Rent Supplement.

## Background:

The City of Toronto assumed responsibility for funding and program administration of Social Housing on May 1, 2002. This included Rent Supplement programs formerly administered by the Ontario Ministry of Municipal Affairs and Housing through either the Ontario Community Housing Assistance Program (OCHAP) or the Community Sponsored Housing Program (CSHP).

The Ministry of Municipal Affairs and Housing (MMAH) approved and paid Rent Supplement claims on a monthly basis. During information sessions held in June 2002, the City advised housing providers of its intention to introduce an annualized payment process for these Rent Supplement programs.

In a letter dated October 7, 2002, Housing Providers receiving Rent Supplement were asked to comment on the proposed change from a monthly to an annual claim process. This consultation has now been completed and no major concerns were identified.

## **Action Required:**

- The new Annual Rent Supplement Subsidy Request must be approved by the Board of Directors.
- It must be submitted to the City of Toronto, to the attention of your Social Housing Consultant by December 1, 2002.
- Appendix "A" contains the "Subsidy Request Form" including the Board of Directors' signature lines.
- Appendix "B" contains Instructions on how to complete Appendix "A".

For more information, or if you have questions or concerns, please contact your Social Housing Consultant.

Kathleen Blinkhorn Acting Director Social Housing Administration

| City of Toronto Rent Supplement Subsidy Request  |                         |             |                                  |                       |          |
|--|-------------------------|-------------|----------------------------------|-----------------------|----------|
|  |                         |             |                                  |                       |          |
| Corporation name   |                         | I.D. Number |                                  | Year End (yyyy/mm/dd) |          |
|  |                         |             |                                  |                       |          |
|  |                         |             | is Year Last Year<br>Total Total |                       |          |
| Unit Type  |                         |             |                                  |                       |          |
| Estimated Market Rent  |                         | 1800        |                                  |                       |          |
| Number of units eligible for rent supplement   |                         | 1801        |                                  |                       |          |
| Subtotal   | Line 1800 x 1801        | 1809        |                                  | -                     | -        |
| Number of months   |                         | 1811        |                                  |                       |          |
| Estimated Market rent for rent supplement units  | Line 1809 x 1811        | 1815        |                                  | -                     | -        |
| Estimated RGI rent from tenants per month  |                         | 1816        |                                  |                       |          |
| Estimated RGI rent from tenants  | Line 1801 x 1811 x 1816 | 1818        | -                                | -                     | -        |
| Rent supplement subsidy requested  | Line 1815 - 1818        | 1819        | - (                              | -                     | -        |
| Administration fee   |                         | 1821        | (                                | <mark>)</mark>        |          |
| Total payment requested  | Line 1819 + 1821        | 1880        | - (                              |                       |          |
| Contact name and Position  |                         | Contact Te  | elephone Number                  | Contact Fa            | ( Number |
| Contact Email Address  |                         |             |                                  |                       |          |
|  |                         |             |                                  |                       |          |
| Pearl of Directors DECLADATION (Must be signed by two morehors of the Deard  |                         |             |                                  |                       |          |
| Board of Directors DECLARATION (Must be signed by two members of the Board.) We declare that, to the best of our knowledge and belief, the information provided is true and correct. |                         |             |                                  |                       |          |
| Signature  | N                       | lame        | P                                | Position              | Date     |
| Signature  |                         | Name        |                                  | Position              | Date     |

# Appendix 'B' Instruction Sheet for the Rent Supplement 'Subsidy Request Form'

#### **Steps to filling out Subsidy Request form (Appendix 'A')**

#### Step 1

#### Section 95 Non-Profit Housing Providers

Enter approved Lower-End of Market (LEM) Rents for the fiscal year in question into line 1800.

#### Section 26/27 Non-Profit Housing Providers

Establish project's market rent expected for next fiscal year by unit type (e.g. 1 bedroom, 2 bedroom, etc.) and enter into line 1800.

#### Step 2

- Determine number of units eligible for rent supplement by unit type.
- The number of units eligible for rent supplement must equal or fall below the number indicated in your Rent Supplement Agreement.
- This should be an estimate of the number of units you expect to be occupied during the year. For example, if your maximum RGI units are 47 and you only expect 45 to be occupied, enter 45.
- Enter into line 1801.

#### Step 3

- Determine the number of months you expect to receive subsidy during the period of January 1, 2003 to the end of your fiscal year. For example, if the fiscal yearend is June 30<sup>th</sup>, enter "6".
- Enter into line 1811.

#### Step 4

- Add Rent Supplement rent from tenants over the past 12 months.
- Divide total paid by 12.
- Divide total by number of units subsidized.
- Enter into line 1816.

#### **Note:**

- All other fields are calculated.
- Administration fees will continue to be based on \$4.50 per unit per month (line 1821).
- The subsidy that you will receive each month is line 1880 divided by line 1811. This number is not shown on the subsidy request form.
- Your Board must approve your "subsidy request" prior to submission to the City of Toronto.
- Subsidy requests are due 3 months prior to the beginning of the fiscal year.