

# Over-housed Household Provider Confirmation

**IMPORTANT:** This form is to be completed by the Housing Provider Representative. A complete Rent Geared-to-Income Housing Application must be submitted with this form to ensure the household is added to the Centralized Wait List.

## Section 1: Housing Provider Contact Information

Housing Provider Name	
Housing Provider Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Housing Provider Contact (First Name, Last Name)	
Housing Provider Telephone Number	Housing Provider Email

## Section 2: Household Current Contact Information

Main Applicant (First Name, Last Name)	Application Number (if applicable)
Current Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Main Applicant Telephone Number	Main Applicant Cell Phone

## Section 3: Tenancy Information

Current Unit Size occupied by household	Unit Size Required by occupancy standards
Date household became over-housed (yyyy-mm-dd)	
List any modifications to the current unit which are required by this household.	

## Section 4: Offers

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the Main Applicant refused any housing offers while on the internal waiting list? If yes, list details below.	
Housing Offer Date (yyyy-mm-dd)	Location/Address of first offer
Housing Offer Date (yyyy-mm-dd)	Location/Address of first offer

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## Section 5: Housing Provider Authorization

<input type="checkbox"/> Yes <input type="checkbox"/> No	I confirm that all of the information in this form is accurate.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A new Rent Geared-to-Income Application for this household is attached. Including Status in Canada for all household members.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I confirm all of the Household information in the attached application is accurate.	
Housing Provider Contact Signature		Date (yyyy-mm-dd)

**Return to**  
 Access to Housing  
 176 Elm Street  
 Toronto ON  
 M5T 3M4