# Consent and Declaration for Income and Asset Review

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).

Under the HSA, information provided herein may be shared as necessary for the purposes of making decisions or verifying eligibility for assistance under the *Housing Services Act, 2011*, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Child Care and Early Years Act, 2014*.

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.

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Signature of household member 1 Date

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Signature of household member 2 Date

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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]**