The information on this form is collected as part of the assessment for eligibility to receive the Rent-Geared-to-Income (RGI) assistance. All household members 16 years of age and older must read and sign this form every year as part of the RGI Review. Please review the sections immediately following to ensure your submission information is accurate.

|  |  |
| --- | --- |
| **YOUR HOUSEHOLD INFORMATION** | |
| **Names of all household members 16 years of age and older:** |  |
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|  |
| **Address**  **(street number and name):** |  |
| **Apartment or unit number:** |  |
| **Postal code:** |  |

**I understand that my household can lose its RGI assistance if:**

* Any member of my household gives false or incomplete information to the RGI Administrator.
* All members of my household are absent from my unit for longer than 90 days.
* All members of my household do not divest themselves of (transfer, sell, donate or give away) leased or owned residential property that is suitable for year-round use within 180 days of obtaining RGI housing or within 180 days of obtaining the property.
* Members of my household who are 16 years of age and older, who are not receiving basic financial assistance through Ontario Works (OW) or income support through the Ontario Disability Support Program (ODSP), have a combined household total asset value, excluding any exempted assets, of greater than $150,000.

**I understand that my household can also lose its RGI assistance if I do not report to the RGI administrator within 30 days if:**

* My household composition has permanently changed.
* A member of my household has ceased to be a full-time student.
* A member of my household has started or stopped receiving social assistance, such as Ontario Works (OW) or the Ontario Disability Support Program (ODSP).
* A member of my social assistance benefit unit (OW or ODSP) has a permanent increase in income that has resulted in the benefit unit's non-benefit income to exceed their non-benefit income limit.
* A member of my household has had their income tax return reassessed or additionally assessed since my last income and RGI Review.
* There has been a change in a member of my household's right to stay in Canada.

The City of Toronto and their agent, [Insert Housing Provider Name]. must collect and retain my personal information to verify eligibility for RGI. This information will be used to determine:

* If my household continues to qualify for the size of unit we live in.
* If my household continues to be eligible for RGI assistance.
* How much RGI assistance my household qualifies to receive.

I consent for the City of Toronto and their agent, [Insert Housing Provider Name] to make inquiries for investigation purposes regarding information provided in this RGI Review with **any government agency, person, or corporation**. I understand that inquiries and the disclosure of my personal information to government agencies under the Housing Services Act, 2011 (HSA) may be made without notice.

The information on this form, and any attachments, may be shared as necessary with the Ontario Minister of Municipal Affairs and Housing, the Housing Services Corporation, other municipal service managers, my housing provider, and/or other housing providers and/or service providers for the purposes of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011 (HSA), the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, or the Child Care and Early Years Act, 2014; or as authorized by an agreement made by the City of Toronto with the governments of either Canada or Ontario, or a department, ministry, or agency of either, without further notice to me if the information is necessary for the purpose of administering, enforcing and/or conducting research relating to, a social benefit program, a social housing or RGI assistance program, the Taxation Act, 2007, the Income Tax Act (Canada) or the Immigration and Refugee Protection Act (Canada).

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

**All household members 16 years of age and older must read and sign this form. By signing, I/we confirm that all the information given about us in this form, corresponding documents and from third parties is true and complete.**

| **Household Member(s)** | | | |
| --- | --- | --- | --- |
| **1** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **2** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **3** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **4** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **5** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **6** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **7** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |
| **8** | **Name** (First, Last) | **Signature** | **Date** (yyyy-mm-dd) |

The City of Toronto and [Insert Housing Provider Name] collect the personal information in this form and the corresponding documents from third parties under the legal authority of the *Housing Services Act, 2011*, sections 42, 45, 46, 48, 50, 52, 59, 61, 63, 65 and 174. The personal information collected will be used to review your continuing eligibility for Rent-Geared-to-Income (RGI) assistance or special needs housing, the amount of rent payable by your household and the size and type of unit that your household may occupy.

Questions about this collection can be directed to the Privacy Review Staff, Housing Stability Services, Shelter, Support and Housing Administration, Metro Hall, 55 John Street, 6th Floor, Toronto, Ontario, M5V 3C6, [HSS@toronto.ca](mailto:HSS@toronto.ca) or by telephone at 416-392-4126.