

Rent-Geared-To-Income

Annual Review Form

Instructions for Completion of this Form:

1. Please print clearly or use fillable form. All areas of the form must be completed. If it is returned to us with all areas not completed, by the date you were given, you could cease to be eligible for rent-geared-to-income assistance.
2. All household members 16 years of age and older must sign this form.
3. The completed form must be returned to your Housing Provider, along with all other documents noted on the Annual Review Checklist.
4. You may submit your documents by:
 - Fax: 705-645-4272
 - Email: communityhousing@muskoka.on.ca
 - Mail: 70 Pine Street, Bracebridge, Ontario P1L 1N3
 - Drop Box: 70 Pine Street, Bracebridge, Ontario
141 Main Street, Gravenhurst, Ontario
1 King William Street, Unit 5, Huntsville, Ontario

ADDRESS INFORMATION					
Please provide rental unit address.					
Please provide mailing address, if different from rental unit address.					
Street Name	Unit Number	Town	Postal Code		
Email Address		Phone Number - Home/Mobile	Phone Number - Work		
Mailing Address if Different from Above					
HOUSEHOLD INFORMATION					
Please provide information about all adults and children who live in the unit.					
#	NAME	DATE OF BIRTH	SEX	SOCIAL INSURANCE NUMBER	RELATIONSHIP
	M D Y	M/F			
1	Head of Household				
2	Head of Household (if 2)				
3					
4					
5					
6					
EMERGENCY CONTACT INFORMATION					
Name of Person to Be Contacted in Emergency		Address		Phone Number	Relationship

Occupancy Standards

Definition of Overhoused: According to the *Housing Services Act, 2011* and local occupancy standards – a household is over-housed when they occupy a unit that is larger than they qualify for based on the number of eligible occupants in the household.

Procedure for Tenant: If a member(s) of your household moves out from your present unit, you are obligated to report in writing the change in household composition within 30 days from the date that the member(s) of the household moved from the unit.

Should you fail to advise your Housing Provider in writing that your household composition has changed, you could cease to be eligible for rent-geared-to-income assistance.

Tenants who are deemed to be overhoused will receive 1 offer to relocate. Failure to accept the offer will mean you cease to be eligible for rent-geared-to-income assistance.

Occupancy Changes

Has anyone moved **out of** your unit in the last 12 months? Yes No

If Yes:

- Please specify date you notified your Housing Provider: _____
- Please complete the following:

NAME	RELATIONSHIP	DATE OF MOVE

Has anyone moved **into** your unit in the last 12 months? Yes No

If Yes:

- Please specify date you notified your Housing Provider: _____
- Please complete the following:

NAME	RELATIONSHIP	DATE OF MOVE

Collection of Information

Personal information contained on this form or in attachments is collected by or for The District Municipality of Muskoka and/or other housing providers within the District of Muskoka service area with respect to housing. The information is collected pursuant to the *Housing Services Act, 2011*, and associated regulations, and will be used to determine suitability and eligibility for housing applied for, to see if you continue to qualify for rent-geared-to-income assistance and to see how much assistance you are eligible for. Personal information may be disclosed to all housing providers, social services offices, other municipal service managers or district social services administration boards, without further notice to you, if the information is necessary for the purpose 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*. The tenant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

Questions about the collection or release of this information should be directed to The Clerk's Office at The District Municipality of Muskoka.

Declaration

I/We have read the definitions and requirements set out in this form and I/We fully understand them and hereby declare that all of the information given in the form is accurate and complete.

Signatures of household members 16 years of age and older:

X _____ X _____

X _____ X _____

Date: _____