

**City of Kingston Social Housing Registry Program
Housing and Social Services Department**

Additional Household Member (s) for RGI Application

Household Member #5 Information			
First Name:		Last Name:	
Former Name(s):		Relationship to Applicant:	
Date of Birth: Month:	Day:	Year:	
Household Member #5 is: <input type="checkbox"/> Full-time Household member <input type="checkbox"/> Part-time Household member			
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other _____			
Enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____			
Household Member #6 Information			
First Name:		Last Name:	
Former Name(s):		Relationship to Applicant:	
Date of Birth: Month:	Day:	Year:	
Household Member #6 is: <input type="checkbox"/> Full-time Household member <input type="checkbox"/> Part-time Household member			
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other _____			
Enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____			
Household Member #7 Information			
First Name:		Last Name:	
Former Name(s):		Relationship to Applicant:	
Date of Birth: Month:	Day:	Year:	
Household Member #7 is: <input type="checkbox"/> Full-time Household member <input type="checkbox"/> Part-time Household member			
Enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____			
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other _____			

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Income

Please provide the monthly income for all members of the household who are 16 years or older. Please provide the most recent Notice of assessment issued by the Canada Revenue Agency for all household members 18 years and older. If this is not available or if this is not reflective of current income, please provide other documentation such as the most recent Ontario Works or Ontario Disability Support Program monthly statement, or copies of recent pay stubs. If you have any questions, please contact The Registry at 613-546-2695 ext. 4769 or at theregistry@cityofkingston.ca

INCOME SOURCE	Household Member #5	Household Member #6	Household Member #7
Name of household member			
OW - Ontario Works	\$	\$	\$
ODSP- Ontario Disability Support Program	\$	\$	\$
Employment Income (full/part-time)	\$	\$	\$
EI - Employment Insurance	\$	\$	\$
Spousal Support	\$	\$	\$
OAS - Old Age Security	\$	\$	\$
GIS - Guaranteed Income Supplement	\$	\$	\$
GAINS - Guaranteed Annual Income	\$	\$	\$
CPP - Canada Pension Plan please note type i.e. disability,	\$	\$	\$
WSIB - Workplace Safety and Insurance Board	\$	\$	\$
Any other Pensions - Specify: _____	\$	\$	\$
Other Income - Specify: _____	\$	\$	\$
No Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Assets

Please list all assets held by all members of your household including children
Indicate the current VALUE or BALANCE of the asset(s).

ASSET SOURCE	Household Member #5	Household Member #6	Household Member #7
Name of household member			
Bank Accounts – Chequing	\$	\$	\$
Bank Accounts - Savings	\$	\$	\$
Other Investments: Stocks, Bonds, LIRA, RIF	\$	\$	\$
Real Estate (house, land, or property)	\$	\$	\$
Life Insurance – cash surrender value	\$	\$	\$
Personal Vehicle – car, truck, motorcycle	\$	\$	\$
Recreational Vehicle – boat, snowmobile, all-terrain vehicle	\$	\$	\$
Business Assets – bank accounts, property, vehicle, tools of the trade	\$	\$	\$

Declaration and Consent – to be signed by all household members 16 years and older or authorized person on the member’s behalf

I/We the undersigned understand and declare that:

1. All Information given in this application is correct and complete, including supporting documents.
2. The application and any supporting documents become the property of The Registry and copies of the application and supporting documents may be given to housing providers that I/we have selected for placement in locations preferred by me/us to live.
3. I/We agree to provide any supporting material that may be required at application and future updates. There will be a yearly review to update information from at the application that I/we will provide. Failure to return the Annual Review Form may result in my/our application being cancelled.
4. If housing is provided to me/us, the unit will be occupied by me/us, and the persons listed in this application exclusively.
5. I/we will provide changes to any information provided in this application, including address and phone contact information to The Registry within 30 days of the change.

Pursuant to Provincial/Municipal Freedom Personal information as defined by the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), including (but not limited to), names, addresses, and phone numbers, collected by The Registry pursuant to the *Housing Services Act, 2011* (HSA), will be used to determine initial and ongoing eligibility for housing applied for and placement on the Social Housing Wait List, and may be used to calculate the applicable rent-gear-to-income charge.

Pursuant to the Provincial/Municipal Freedom of Information and Protection of Privacy Act, **I/we give my/our consent:**

- To verify information given in this application and I/we authorize any person, corporation or any social service agency having knowledge of any such required information to release the information to The Registry.
- To verify any supporting documents as required for my/our application.
- To disclose the information given on this form to non-profit housing corporations, co-operatives, the Housing Services Corporation and other service managers in the province participating in the Provincial Former Tenant Arrears database, municipal departments and agencies that assist in the provision of affordable housing and social service agencies providing social assistance to me/us and persons listed in this application pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56).

Questions about this collection should be directed to the Manager of The Registry, 362 Montreal Street, Kingston ON K7K 3H5 or at 613-546-2695.

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This Application and Declaration and Consent **ONLY** needs to be signed by each member of the household who is **16 years of age or older**; or authorized person on the member's behalf.

Household member #5 Signature: _____ Date: _____

Household member # 6 Signature: _____ Date: _____

Household member #7 Signature: _____ Date: _____