



**Social Housing Registry Program
Housing and Social Services Department
Annual Eligibility Review**

Please complete this form and return to
362 Montreal St
Kingston ON K7K 3H5
or

Email: theregistry@cityofkingston.ca
Any questions contact office 613-546-2695.

Does any member of the household currently receive PHB or live in subsidized housing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Member's Name: _____
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Applicant/Tenant Current information					
Last Name	First Name		SIN	Date of Birth	
Apt no.	Street Address		Email Address		
City	Province	Postal Code	Telephone number		

Co-Applicant/Household Members					
Last Name	First Name	Social Insurance Number	School Full Time Yes/No	Date of Birth	Relationship to Applicant

Has any person moved into or out of the unit? Yes No

***If you are adding a household member over the age of 16 years, your household must complete a new Application Form. It can be found on this website.**
<https://www.cityofkingston.ca/residents/community-services/housing/social/forms>
 Request one from your case worker or email theregistry@cityofkingston.ca

If you are removing a household member, please enter name below:

Is anyone in your household expecting a baby? Yes No
 If yes, please give the due date: _____ You must notify The Registry when the baby is born.

Alternative Contact Information.

If you wish to add someone who we can discuss your application please add below. By adding this name you understand that you are authorizing the release of personal information about your application and receipt of housing offers to this alternate contact or agency.

Name: _____	<input type="checkbox"/> I authorize.
Phone number (_____) _____	
Relationship: _____	Email: _____

Source of Income - *Please enter monthly payments amounts*				
	Applicant	Household Member #2	Household Member #3	Household Member #4
OW- Ontario Works	\$	\$	\$	\$
ODSP – Ontario Disability Support Program	\$	\$	\$	\$
Employment Income - Part/Full time	\$	\$	\$	\$
EI Employment Insurance	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
OAS – Old Age Security	\$	\$	\$	\$
GIS – Guaranteed Income Supplement	\$	\$	\$	\$
GAINS – Guaranteed Annual Income	\$	\$	\$	\$
CPP (Canada Pension Plan) Please note which type of disability, retirement, widow's	\$	\$	\$	\$
WSIB – Workplace Safety and Insurance Board	\$	\$	\$	\$
Any other Pension – Specify _____	\$	\$	\$	\$
Other Income –Specify _____	\$	\$	\$	\$
No Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assets - *Please enter the current value of all assets*				
	Applicant	Household Member#2	Household Member #3	Household Member #4
Bank Account - chequing	\$	\$	\$	\$
Bank Account - savings	\$	\$	\$	\$
Tax Free Savings Account	\$	\$	\$	\$
Registered Savings Plans (RRSP, RDSP, RESP) Please specify:	\$	\$	\$	\$
Locked- in retirement account (LIRA)	\$	\$	\$	\$
Life Income Fund (LIF)	\$	\$	\$	\$
Retirement Income Fund (RIF)	\$	\$	\$	\$
Investments i.e., Stocks/Bonds/Mutual Funds	\$	\$	\$	\$
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 account, property, vehicle(s) tools of the trade	\$	\$	\$	\$
Trust Funds	\$	\$	\$	\$
Other Assets -Please specify _____	\$	\$	\$	\$

Documentation to be Submitted

Most Recent Notice of Assessment (NOA) from Canada Revenue Agency for all household members 18 years or older. If not available or not a true reflection of current income, please provide copies of paystubs, OW/ODSP statement etc.

Additional Questions

Eligibility requirements state that at least one member of your household listed on this application must be able to live independently with. Please confirm that at least one member can live independently. Yes No

Please provide details of anyother changes or comments you wish to advise us on (if applicable):

Declaration and Consent

I declare that all information given in this RGI Eligibility Review form is correct and complete. I agree that updated information under this and any supporting documents become the property of the Social Housing Registry Program and copies of my updated application file under RGI eligibility review and supporting documents may be given to housing providers that I have selected for placement in locations where I prefer to live.

I agree to provide any supporting material as may be required.

I understand and agree that if accommodation is provided to me the unit will be occupied by me and the persons listed on this application.

Personal information collected by the Social Housing Registry Program, pursuant to the Social Housing Reform Act, 2000, will be used to determine eligibility for housing applied for, placement on the waiting list and to determine my housing subsidy.

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

- To verify information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Social Housing Registry Program
- To verify any supporting documents provided under this annual RGI Eligibility Review form.
- To disclose the information given on this form to non-profit housing corporations, co-operatives, municipal departments, and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application.

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, contained in this form or in attachments is collected by the Social Housing Registry Program 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 Social Housing Registry Program, 362 Montreal Street, Kingston, ON K7K 3H5.

RGI Eligibility Review Form and Consent must be signed by the applicant and each member of the household who is 16 years of age or older, or person authorized on the member's behalf.

Date Signed _____

Applicant _____
SIGNATURE

Household member _____
SIGNATURE

Household member _____
SIGNATURE

Household member _____
SIGNATURE