

**City of Kingston & Townships of Frontenac  
Social Assistance/Geared-to-Income Verification  
for Rent Supplement Applicants/Tenants**

**Client ID #**  
(9 digit Ontario Works verifying no.)

**To Be Completed by Recipient of  
Ontario Works Social Assistance**

**Return to:**

**Manager at: The Social Housing Registry**

**OR**

**Kingston & Frontenac Housing Corporation**

**STEP 1: To be completed by HEAD of Social Assistance BENEFIT UNIT (name on Benefit cheque)**

<b>Last name</b>	<b>First name</b>	<b>Date of Birth</b> MM/DD/YYYY	<b>Name of R.S. Landlord</b>
Address - Street Number and Name (NEW ADDRESS if just moving) Number Street		Unit/Apt #	City
			Postal Code
<b>I hereby Authorize that the Information Requested Below be Given to the Manager at The Housing Registry OR Housing Provider:</b>			
Social Insurance Number	Signature Recipient	Date: MM/DD/YYYY	

**STEP 2: To be Completed by Ontario Works (OW)**

Member ID	Total # of Occupants in Benefit Unit <hr/> Total # of <b>Other</b> Occupants in Benefit Unit (not included in above total)	Is there a spouse/partner included in Benefit Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Signature	Title	Date: MM/DD/YYYY
Name (Print)	Phone Number Ext. #	

**STEP 3: To be Completed by Housing Provider**

Beneficiaries Final Rent or Housing Charge(OW)	Total Number of Occupants	
<b>Utilities Paid by:</b> Housing Provider <input type="checkbox"/> Tenant/Member <input type="checkbox"/> Other Household Member <input type="checkbox"/>	Effective date of Rent or Housing Charge	
Authorized Signature (Housing Provider)	Agency Name <b>K.F.H.C.</b>	Date MM/DD/YYYY
Housing Provider Name (Print)	Phone Number <b>546-5591</b>	Ext. # <b>110</b>

**Tenant is moving into a *Rent Supplement Apartment.*  
The Landlord will be:**

**Notice with Respect to the Collection of Personal Information**

Personal information contained in this form or in attachments is collected by Ontario Works/The Social Housing Registry of Kingston and Frontenac/ \_\_\_\_\_

(Name of Housing Provider in Kingston and Frontenac)

pursuant to the Social Housing Reform Act, 2000 and the Family Benefits Act, R.S.O. 1990, c.F.2, or the Ontario Disability Support Program Act, 1997 or the Ontario Works Act, 1997 and 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) and will be used to determine rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac

Questions about this collection should be directed to:

Social Services/Ontario Works  
362 Montreal Street, 2<sup>nd</sup> Floor, Kingston, ON K7K 3H5

or

The Manager of The Social Housing Registry  
119 Van Order Drive, Kingston, ON K7M 1B9

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(Housing Provider)