



**Kingston & Frontenac Housing Corporation**  
**119 Van Order Drive**  
**Kingston, ON K7M 1B9**

**Subsidy Review:**  
**Due Date:**

**Section 1 – Resident Information**

**HOUSEHOLD COMPOSITION FORM**

No. of bedrooms: <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
Tenant Name:				
Street Address:			Unit #:	
City:	E-Mail:		Postal Code:	
Telephone Number: ( )			Business Telephone: ( )	

**You must list ALL HOUSEHOLD MEMBERS, including all children. Please indicate if Visitation only.**

Name of Household Member	Date of Birth YYYY-MM-DD	Sex M/F	Relationship to Lease Holders	Lives with you/ Visitation

If anyone has moved in or out of your household since your last subsidy renewal please indicate  
 IN  OUT  NO CHANGE

Name of Person	Date of Move
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**Section 2 – Income Information**

**You are required to report and provide verification for all sources of income you and all persons of your household receive. Income means all money you receive, from all places.**

<b>List all members of the household and any money that you and all persons living with you are receiving from all sources</b>			
Household Members Name	Source of Income or School Attended	Gross Income Per Month (before deductions)	Verification Attached
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Support payments made: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Verification attached? <input type="checkbox"/> Yes
Support payments received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Verification attached? <input type="checkbox"/> Yes

## Section 3 – Release and Consent

Personal information contained on this form or in attachments is collected by or for the Kingston & Frontenac Housing Corporation pursuant to the Social Housing Services Act, 2011 and will be used to determine the suitability and eligibility for housing applied for, continuation of housing, and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to local housing corporations, non-profit housing corporations, the Corporation of the City of Kingston and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies providing social assistance to the tenant under the Act, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997* or the *Day Nurseries Act*, or as authorized by an agreement under section 163 or 164 of the Act. 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 upon request. Questions about the collection, use, and disclosure of this information should be directed to: The C.E.O., Kingston & Frontenac Housing Corporation, at 613-546-5591.

The information obtained will be used to calculate your geared-to-income rent and establish your continued eligibility for assisted rental housing.

**By signing below, I am consenting that I understand that any personal information, as defined by the *Municipal Freedom of Information and Protection of Privacy Act*, may be exchanged between the Kingston & Frontenac Housing Corporation and the Corporation of the City of Kingston in accordance with the *Social Housing Services Act, 2011*, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997*, the *Day Nurseries Act*, or as authorized by an agreement under section 163 or 164 of the *Social Housing Services Act, 2011*. Personal information may be exchanged for the purpose of determining the suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent geared-to-income charge.**

1. The information given in the form as to the occupants of the unit and the gross household income is accurate and complete.
2. I understand that Kingston & Frontenac Housing Corporation will use my personal information that I give them to determine my ongoing eligibility for RGI assistance; the size and type of unit I may be eligible to receive; and the amount of geared to income rent payable by me.
3. I declare that all information given in this application is correct and complete.
4. The application and any supporting documents become the property of Kingston & Frontenac Housing Corporation.
5. I agree to provide any supporting material as may be required.
6. I understand I must report any changes to my documents within 30 days of those changes occurring.

### Signatures of household members 16 years of age or over:

\_\_\_\_\_  
Household Member (please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Contact Name:

Emergency Contact Telephone Number: