Addition to Household Composition Request Form

Please complete one application for each person to be added to the household composition.

Section A – Current Te	enant's Information					
Full name of tenant				Client Acc	ount #	
(First Name, Last Name)						
Suite/Unit #	Street Address			Telephone	#	
Are you currently living in a F	Rent-Geared-to-Income(subsidized) c	or Market Rer	t unit? RGI	(subsidized)	Market Rent	
If RGI(subsidized), the Household Income and Assets Review Form and required income documentation must be completed						
and returned with this requ	uest form					
Section B – Person to	Be Added					
Full name of person to be ac	lded			Birthdate		
(First Name, Last Name)				(mm/dd/yy	уу)	
Status in		Relationshi)	-		
Canada (attach documentati	ion)	to Tenant				
Has this person moved in to the unit already? YES NO I If YES, when was the move in date? (mm/dd/yyyy)						
Current		City			Is this address subsidized?	
Address					YES NO	
Current Landlord's Name			Landlord's			
(where applicable)			Phone #			
Has this person ever lived in	a Toronto Seniors Housing unit? Y	es 🗌	NO			
If YES, was it a Rent-Geare	ed-to-Income(subsidized) or Market	Rent unit?	RGI(subs	idized) 🗌	Market Rent	
Has this person ever lived in subsidized housing in the province of Ontario? (Toronto Seniors Housing or any other non-profit providers) YES NO						
If YES AND the	address is different from your cur	rent address	, please provid	le the follow	ving information:	
Subsidized Housing						
Provider's Name						
Subsidized Housing				City		
Address						
Move In date		Move Or	ut date			
(mm/dd/yyyy)		(mm/dd/	уууу)			
Is this person currently on the	e Housing Connections centralized w	aiting list for	subsidized hous	sing?		
YES NO	○ If YES, what is the applicat	tion reference	e number?			
Section C – Declaration	n (To be completed by both the	Current Te	nant and the	Person to	Be Added)	
I declare the above i	information is true and com Household Composition Direction	plete. I ł	nave read a	nd under	stood Toronto Seniors	
I hereby consent Toror supporting documents a	nto Seniors Housing to use th attached to see if I:	ne informa	tion provided	d on this t	form and any other	
 Qualify for or/ar the social housin to-Income subs 	nd continue to be eligible for R ng legislation, any person who sidy that the person(s) is no could be fined up to \$5,000.00	inappropri t eligible f	ately helps a or could be	ny person charged	(s) to get Rent-Geared- with an offence. On	

OR

• Qualify for being added to the Market Rent household unit address as stated in **Section A** above.

Tenant's Name	Signature	Date
(Print)		(mm/dd/yyyy)
Applicant's Name	Signature	Date
(Print)		(mm/dd/yyyy)
		—

Section D – Approval (For Office Use)

Request approved (send Approved letter, sign new lease, update HMS and HMS notes, copy to tenant file)

Request denied (send Denied letter, update HMS notes, copy to tenant file)

Staff's Name	Signature	Date
(Print)		(mm/dd/yyyy)