

Instructions

The City of Toronto Rent-Geared-to-Income (RGI) program rules state that every individual accepted for occupancy is considered a member of the household for the purpose of determining RGI rent, unless the household has been approved to have an overnight caregiver or a guest as defined in Toronto Seniors Housing's guest policy.

This form must be completed by an RGI household who is requesting to have an individual who is NOT affiliated with a home care agency be permitted to stay in their RGI unit as an overnight caregiver. You are required to complete this form even if you are not requesting an additional bedroom for the caregiver.

However, if you do wish to request an extra bedroom for a caregiver, Toronto Seniors Housing must determine if the household qualifies under the Local Occupancy Standards. From time to time, Toronto Seniors Housing may ask for updated information to verify that the household still qualifies for the extra bedroom.

Purpose of Collection

Toronto Seniors Housing collects the personal information on this form under the legal authority of the *Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, sections 42-67.*

The personal information disclosed on this form may be disclosed to the City of Toronto and will be used solely for the purpose of:

1. Evaluating the household's eligibility for having an overnight caregiver who is not a member of the RGI household; and
2. Where applicable, evaluating the household's eligibility for an additional bedroom due to a medical reason under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011* (HSA).

Additionally, the information may be shared as necessary for the purpose of making decisions or verifying eligibility under the HSA, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997* or the *Child Care and Early Years Act, 2014*. The use and disclosure of the personal information in this form will be subject to:

- the *Housing Services Act, 2011*, and
- in the case of the City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act*

Questions about the collection, use and disclosure of this information can be directed to Toronto Seniors Housing Information Specialist by mail or at 647-458-7870.

Please return this completed form by Mail or Drop off in person to:

Toronto Seniors Housing
423 Yonge St., 2nd Floor
Toronto, ON M5B 1T2

Section 1: Information of RGI household member receiving care

Name of RGI household member receiving care (First, Last)
RGI unit address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)

Section 2: Confirmation – RGI household member receiving care

☐ I confirm that the information provided in this form is true and correct to the best of my knowledge.	
Signature of RGI household member	Date (yyyy-mm-dd)

Section 3: Caregiver Information (must be completed by the Caregiver)

Caregiver Name (First Name, Last Name)	Caregiver cell phone number
☐ I confirm that I provide full time overnight care to the person listed above.	
☐ I confirm that the care I provide enables this person to live independently at the address listed above.	
☐ I confirm that I live at this RGI address solely for the purpose of providing care to the above-named person.	
I am currently required, under an arrangement with Citizenship and Immigration Canada, to live with the above-named person who requires care. ☐ Yes ☐ No	
If Yes: Attach documentation from Citizenship and Immigration Canada	
If No: Is the RGI unit address listed above your permanent address? ☐ Yes ☐ No	
IMPORTANT	
If the RGI unit address is your permanent address you will be considered as a member of the RGI household and required to comply with all current and future RGI program rules and obligations as a member of the RGI household. This includes but is not limited to having your income included in the household's income for the Rent-Geared-to-Income (RGI) rent calculation.	
If the RGI unit address is not your permanent address, you must provide your permanent address and attach documentation proving your permanent address (lease, letter from landlord, current utility/phone bills...etc.).	
Caregiver's Permanent Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code):	

Section 4: Confirmation – Caregiver (must be signed by the Caregiver)

☐ I confirm that the information I have provided above is true and correct to the best of my knowledge.	
Signature of Caregiver	Date (yyyy-mm-dd)