

Request for Market To Rent-Geared-To-Income

Mailing Address:

Niagara Region
Housing Services
1815 Sir Isaac Brock Way PO Box 344
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Fax: 905-935-0476
Email: housing@niagararegion.ca

Please complete and return this form.

Part A – Contact information (To Be Completed By Household)

Name of co-operative or non profit: _____

Household member No. 1

First name: _____

Last name: _____

Date (mm/dd/yyyy) of birth: _____

Household member No. 2

First name: _____

Last name: _____

Date (mm/dd/yyyy) of birth: _____

Part B – Dependents (To Be Completed By Household)

First name	Last name	Date (mm/dd/yyyy) of birth	Relationship

Address: _____ City: _____

Unit number: _____ Postal code: _____

Home telephone number: _____

Alternate telephone number: _____

Household member No. 1 signature: _____

Date (mm/dd/yyyy): _____

Household member No. 2 signature: _____

Date (mm/dd/yyyy): _____

Household to provide the following documents:

Canadian birth certificates or valid immigration documents for all members of your household

Part C – Household information (To Be Completed By Housing Provider)

What is the current bedroom size?: 1 2 3 4 5 _____

Is the household composition listed on this form the same as your records?: Yes No _____

Original date (mm/dd/yyyy) of move in: _____

Why is this household paying market rent?: _____

If applicable Date (mm/dd/yyyy) Rent-Geared-to-Income subsidy was lost?: _____

Housing Provider signature: _____

Part D – Eligibility (Office Use Only)

Basic eligibility completed: Eligible Ineligible

Completed by: _____ Date (mm/dd/yyyy): _____

Market To Rent-Geared-To-Income Eligibility

Occupancy standards: Met Not met

Arrears: Yes No

Repayment Agreement: Yes No

Loss of subsidy greater than two (2) years: Met Not met

Outcome of request: Approved Denied

Part E – Approval for RGI Subsidy (Housing Administrator Use Only)

Household approved for RGI subsidy Yes No

Start date (mm/dd/yyyy) of RGI subsidy: _____

Housing Administrator signature: _____