



Important Notice Please Read Carefully

Re: Rent-Geared-to-Income (RGI) Assistance Annual Review Form

Dear Resident,

In accordance with Ontario Regulation 316/19, eligibility for rent-geared-to-income (RGI) assistance must be reviewed at least every twelve (12) months.

As your household currently receives RGI assistance, you are required to complete, sign and return the attached Annual Review Form with the required documentation to your Housing Provider.

The RGI calculation is based on your Adjusted Family Net Income (AFNI) found on line 23600 of your Notice of Assessment. For this reason, all household members, over the age of 16, who are not attending school full time, *must* file their taxes every year. Free Income Tax clinics are available in your community. The list can be found on the Information London website at www.informationlondon.ca.

In order to continue to be eligible for RGI assistance, you must provide a copy of the Notice of Assessment issued by Canada Revenue Agency (CRA). To request a copy, you may contact CRA at 1-800-959-8281 or visit www.canada.ca/en/revenue-agency.

Failure to submit your Notice of Assessment and the completed Annual Review Form by the required deadline means that you may lose your RGI subsidy and would be required to pay full market rent.

Every household must submit the following with the Annual Review Form:

- Copy of Notice of assessment for each member over the age of 16
- Proof of Full-Time student status for each member over the age of 16, if applicable
- Current Benefit statement for all members receiving Ontario Works or Ontario Disability Support Program, if applicable
- Statement of your Registered Disability Savings Plan, if applicable

Please return this completed form with the attached documentation

Before:

By Mail, Fax or Drop off in person to:

Phone:

Fax:

**THIS IS AN IMPORTANT MESSAGE.
TAKE IT TO SOMEONE WHO CAN READ ENGLISH.**

ALBANIAN	Kjo është një mesazh i rëndësishëm. Ju lutemi ta përktheni tek dikush që kuptonë mirë Anglisht.
ARABIC	هذه رسالة هامة. خذها لمن يستطيع قراءة اللغة الانجليزية.
ARMENIAN	Ուշադրութիւն: Ասիկա շատ կարևոր հաղորդագիր ևրն է: Հաճեցէք անգլերէն կարդացող անձու ևր դիմել:
CAMBODIAN	នេះជាដំណឹងពិសេស សូមយកទៅអោយនរណាដែលអាចបកប្រែបាន
CHINESE	這是一個重要訊息。請拿去向可以閱讀英語的人士詢問。
FARSI	این یک پیام بسیار مهم است لطفاً این پیام را نزد کسی ببرید که بتواند زبان انگلیسی برای شما ترجمه کند
FRENCH	Ceci est un message important. Le remettre à quelqu'un qui peut lire l'anglais.
GERMAN	Dies ist eine wichtige Nachricht. Bringen Sie das bitte zu jeman, dem English versteht.
GREEK	Αυτό είναι ένα σπουδαίο μήνυμα. Δφστε σε κάποιον που μπορεί να διαβάσει Αγγλικά
GUJARATI	એકે મહત્વનો સંદેશ છે. તેને મેલવ તામે એનિ પસે લે જાવ. અંગ્રેજિ જનો હોય.
HINDI	यह एक महत्वपूर्ण सन्देश है। इसे किसि अंग्रेजि पद सक्ने वाले ब्यसि पस्त ले जावो।
HUNGARIAN	Ez egy fontos üzenet. Add oda valakinek aki olvas angolul.
ITALIAN	Questo e uno messaggio importante. Portatelo a qualcuno in grado di leggere in Inglese.
KOREAN	이것은 중요한 메시지입니다. 영어로 읽을 수 있는 분에게 부탁하십시오.
POLISH	To jest wazna informacja. Pokaz ja komus kto zna jezyk angielski.
PORTUGUESE	Esta mensagem é muito importante. Por favor leve-a para uma pessoa que saiba ler o Inglês.
PUNJABI	ਇਹ ਇੱਕ ਬਹੁਤ ਜ਼ਰੂਰੀ ਸੁਨੇਹਾ ਹੈ। ਕਿਸੇ ਐਸੇ ਵਿਅਕਤੀ ਨੂੰ ਦਿਖਾਉ ਜੋ ਇੰਗਲਿਸ਼ ਪੜ੍ਹ ਸਕਦਾ ਹੋਵੇ।
RUSSIAN	Это Важное Сообщение. Дайте тому кто знает и может перевести вам до английскому языку.
SERBO-CROATIAN	Ovo je va`na informacija. Odnosite ju nekom tko zna -itati Engleski.
SPANISH	Este es un mensaje sumamente importante. Llévelo a alguna persona que sepa leer Inglés.
TAGALOG	Ito ay isang mahalagang mensahe. Ipabasa ito sa sinomang marunong ng Inglis.
TAMIL	இது ஒரு முக்கியமான செய்தி. இதனை ஆங்கிலம் படிக்கத் தெரிந்த யாரிடமாவது எடுத்துச் செல்லுங்கள்.
URDU	یہ بہت ضروری پیغام ہے۔ اس کو کسی کے پاس لے کر جاؤ جو انگریزی پڑھنا جانتا ہو۔
VIETNAMESE	Đây là một thông báo quan trọng. Hãy đưa người biết đọc tiếng Anh đọc giúp.



Rent-Geared-To-Income (RGI) Assistance Annual Review Form

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS FORM

- The personal information requested on this form will be used to calculate your RGI rent and review your continued eligibility for subsidized housing in accordance with the *Housing Services Act, 2011*, associated regulations and City of London Local Rules.
- Please read each section carefully and attach all documents requested.

YOUR UNIT INFORMATION

Street Address:	Unit #:	City:	Postal Code:
Home Phone:	Cell Phone:	Other Phone #:	
Email:			# of Bedrooms:

HOUSEHOLD MEMBERS – WHO LIVES WITH YOU?

- List the names of everyone that lives with you.
- Status in Canada: Canadian Citizen, Permanent Resident, Convention Refugee or Refugee Claimant.

Full Name	Relationship to You	*Status in Canada (Refer to the list above)	Date of Birth (Year/Month/Day)
	Self		

HOUSEHOLD INCOME

- In this section, list all household members 16 years of age and older.
- If you are 16 years and older and are attending school full-time in a recognized Educational Institution, confirmation of full-time student status is required. For a list of recognized Educational Institutions in Ontario, please visit the Government of Canada website at <https://tools.canlearn.ca/cslgs-scpse/cln-cln/reea-mdl/reea-mdl-1-eng.do?nom-name=ON.1>
- If you are 16 years and older and are not attending school full time in a recognized Educational Institution, your Notice of Assessment is required.
- If in receipt of Ontario Works or Ontario Disability Support Program, your most recent copy of the Benefit statement is required.

Name of Household Member	Type of Income Received	F/T Student? If Yes, confirmation attached?		Notice of Assessment for Tax Year _____
		Yes	No	Attached?
		Yes	No	Yes
		Yes	No	Yes
		Yes	No	Yes
		Yes	No	Yes
		Yes	No	Yes
		Yes	No	Yes
		Yes	No	Yes

Does any member of the household have a Registered Disability Savings Plan? Yes

If Yes: Provide a statement showing withdrawals and repayments for the tax year No

TENANT INSURANCE

- You must attach a copy of your Certificate of Insurance as required by the conditions of your lease or the co-op's by-laws.
- If you are in receipt of Ontario Works or the Ontario Disability Support Program, you may be entitled to additional assistance for the cost of insurance. Please contact your Caseworker for information.

Name and address of Insurance Company:

Certificate of Insurance Attached? Yes No

EMERGENCY CONTACT

- List the name and contact information for an individual we can contact in case of an emergency (preferably a person who does not reside with you).

Last Name:		First Name:	
Home Phone:	Cell Phone:	Relationship to you:	

Consent and Declaration

All Household members who are 16+ must read, agree and sign the consent

By signing this statement, I confirm the following:

1. All the information provided in this Income & Assets Verification Form for Rent-Geared-to-Income Assistance is true and complete to the best of my knowledge. I have not knowingly left out any information or provided false information.
2. I understand that providing false information or withholding information from a housing provider for the City of London and County of Middlesex may result in the loss of my rent-geared-to-income subsidy.
3. I understand that I must inform my housing provider for the City of London and County of Middlesex within 30 days of any change in my income or assets, my right to stay in Canada, and if there is a change in the household members residing in my unit.
4. I understand that my housing provider for the City of London and County of Middlesex will use my personal information and the information provided during this review to determine my ongoing eligibility for rent-geared-to-income assistance, to determine the size and type of unit I may be eligible for and determine the amount of rent-geared-to income rent payable by me.
5. I agree to allow my housing provider for the City of London and County of Middlesex to make inquiries to verify the information I have provided in this Annual Review Form, without further notice to me, to outside organizations and entities which could include the following: Ministry of Municipal Affairs and Housing, the Housing Service Corporation, other municipal Service Managers or District Social Services Administration Boards or lead agencies as defined under the Act, if it is required to determine eligibility for assistance under the *Ontario Works Act 1997, the Ontario Disability Support Program Act, 1997 or the Day Nurseries Act*. I permit any person, corporation, or social agency to release any required information.
6. I understand that the housing provider for the City of London and County of Middlesex does not have to notify me before releasing information on this form and/or any attached documents to any government or organization with which the City of London and County of Middlesex may share information under the *Housing Services Act, 2011 (HSA)*.
7. I understand that any inquires with respect to my personal information may take the form of electronic data exchanges.
8. I understand that any information on this form and/or any attached documents will only be released in accordance with the *HSA, the Municipal Freedom of Information and Protection of Privacy Act* and associated regulations.
9. I have read, understood and accept the above.

ALL HOUSEHOLD MEMBERS 16 YEARS AND OLDER MUST SIGN THIS SECTION

Full Name	Signature	Date (Year/Month/Day)