

# Tenant Annual Review Important notice

Client number: Please reference on all correspondence. RE:

## Review for Rent-Geared-to-Income (RGI) assistance

Dear Tenant,

As your household currently receives RGI assistance, you are required to complete, sign, and return the attached **Tenant Annual Review for Rent-Geared-to-Income Assistance**. In accordance with section 50 of Ontario Regulation 316/19 for rent-geared-to-income (RGI), assistance must be reviewed every 12 months or more frequently as determined by Peel Housing Corporation (operating as Peel Living).

#### Due date:

All sections of the forms must be completed and signed by all members of the household who are 16 years of age or older.

The information must be submitted to our office by the above due date. If you do not submit this information by the due date, you may be determined ineligible for RGI and will be required to pay the full market rent/housing charge for your unit.

Please attach the following information:

|      | Copy of your Notice of Assessment issued by Canada Revenue Agency (CRA), for you and all household members over the age of 16 who are not in school. To request a copy, log into your CRA account or call 1-800-959-8281. |
|------|---|
|      | Proof of your current income if the net income is <b>very</b> different from the income on your Notice of Assessment. You still need to provide your Notice of Assessment.  |
|      | Statement of Ontario Works or ODSP benefits, if you receive this assistance.  |
|      | Proof of full-time student status for each family member over the age of 16, if applicable.   |
|      | Proof of assets including most recent bank account summary (the account number and balance) of all household members, and statements of investments.  |
|      | A copy of your current Tenant Insurance Policy.   |
|      | empleted packages can be dropped at your Superintendent's office, drop box at 7120 Hurontaric<br>eet (Mississauga) or drop box at 10 Peel Centre Drive (Brampton).  |
| If y | ou have any questions, please contact your Tenancy Support Agent at (905) 453-2500.   |

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Client number:

This is an **IMPORTANT** message. Take it to someone who can read English or visit <u>translate.google.com</u> to translate online.

| Arabic     | هذه رسالة مهمة. خذها إلى شخص يمكنه قراءة اللغة الإنجليزية                                   |
|------------|---|
| Chinese    | 这是一条重要信息。把它交给能读懂英语的人  |
| French     | Ceci est un message important. Apportez-le à quelqu'un qui peut lire l'anglais.             |
| Hindi      | यह एक महत्वपूर्ण संदेश है. इसे किसी ऐसे व्यक्ति के पास ले जाएं जो अंग्रेजी पढ़<br>सकता हो   |
| Italian    | Questo è un messaggio importante. Portalo a qualcuno che sa leggere l'inglese.              |
| Polish     | Ten dokument jest ważny. Prosimy go przetlumaczyć.  |
| Portuguese | Esta é uma mensagem importante. Leve para alguém que sabe ler inglês.                       |
| Punjabi    | ਇਹ ਇੱਕ ਮਹੱਤਵਪੂਰਨ ਸੁਨੇਹਾ ਹੈ। ਇਸ ਨੂੰ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਕੋਲ ਲੈ ਜਾਓ ਜੋ ਅੰਗਰੇਜ਼ੀ ਪੜ੍ਹ<br>ਸਕਦਾ ਹੈ |
| Spanish    | Este Documento es importante. Por favor obtenga la traducción respectiva.                   |
| Tamil      | இது ஒரு முக்கியமான செய்தி. ஆங்கிலம் படிக்கத் தெரிந்த<br>ஒருவரிடம் எடுத்துச் செல்லுங்கள்     |
| Vietnamese | Đây là một thông điệp quan trọng. Đưa nó cho người có thể đọc tiếng anh.                    |
| Urdu       | یہ ایک اہم پیغام ہے۔ اسے کسی ایسے شخص کے پاس لے جائیں جو<br>انگریزی پڑھ سکتا ہو۔            |

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Client number:

### **Section 1: Household information**

#### Unit and contact information:

| Unit #       | Address |             | City     |                    | Postal code |
|--------------|---------|-------------|----------|--------------------|-------------|
| Phone number |         | Cell number |          | Number of bedrooms |             |
| Email ac     | ldress  |             | Other co | ntact information  | on          |

#### Household composition:

Please list all individuals living at the above address (start with yourself):

| Full name | Relationship<br>to you | Status in Canada<br>(Refer to list below)* | Date of Birth<br>(YYYY-MM-DD) |
|-----------|------------------------|--|-------------------------------|
| 1.        | self                   |  |                               |
| 2.        |                        |  |                               |
| 3.        |                        |  |                               |
| 4.        |                        |  |                               |
| 5.        |                        |  |                               |
| 6.        |                        |  |                               |
| 7.        |                        |  |                               |

<sup>\*</sup> Status in Canada: Canadian Citizen, Permanent Resident, Convention Refugee or Refugee Claimant.

### Changes in household composition:

Please list all individuals who have moved in and/or out of your unit in the last 12 months:

| First name | Last name | Date of move-in | Date of move-out |
|------------|-----------|-----------------|------------------|
|            |           |                 |                  |
|            |           |                 |                  |
|            |           |                 |                  |

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Client number:

You **MUST** complete Sections 2A & 2B in full.

## **Section 2A: Household information**

#### **Declaration of income:**

In this section, list all household members 16 years of age and older.

- If you are 16 years of age 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 tools.canlearn.ca/cslgs-scpse/cln-cln/reea-mdl/reea-mdl-1-eng.do?nom-name=ON.
- If you are 16 years of age 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(s) of<br>household members | Current<br>source of<br>income | Monthly<br>amount<br>before taxes<br>(Gross) | Full-time<br>student<br>confirm<br>attache | ? If yes,<br>ation | Copy o<br>Notice<br>Assessr<br>attache | of<br>nent |
|---------------------------------|--------------------------------|--|--|--------------------|--|------------|
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |
|                                 |                                | \$   | O Yes                                      | O No               | O Yes                                  | O No       |

## **Section 2B: Asset information**

| Does anyone in y                | our household own property (e.g. house, cottage, trailer, etc.)? | O Yes | O No |
|---------------------------------|--|-------|------|
| If yes, please provide details: |  |       |      |

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Client number:

Please provide proof of **ALL** financial assets owned by you or anyone living with you. Assets may include:

- Most recent bank account summary from the household/applicants banking institutions, showing account balances and owner's name.
- Most recent Statement of Investments, excluding Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF) and Registered Education Savings Plan (RESP).

### **Section 3: Consent and declaration**

Personal information collected by Peel Housing Corporation, operating as Peel Living, will be retained, used, disclosed and disposed of in accordance with all applicable federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information. (In accordance with the Municipal Freedom of Information and Protection of Privacy Act, Housing Services Act 2011 and the Residential Tenancies Act, 2006). Personal information is collected under the authority of the Housing Services Act 2011 and the Residential Tenancies Act, 2006, and will be used to administer social housing programs as originally outlined in the Application for Subsidized Housing (V-08-117) and the Market Application (V-08-103).

Questions or concerns about the collection, use or disclosure of personal information, should be directed to:

The Regional Municipality of Peel Human Services Department Supervisor, Document Services 10 Peel Centre Drive, Suite B, P.O. Box 2604, STN B Brampton, ON L6T 0E4

(905) 791-7800, ext. 3645

- 1. I understand and agree to release any personal information and required documents to Peel Housing Corporation, operating as Peel Living, for the purpose of assessing my eligibility for rent-geared-to-income (RGI) assistance which may include determining:
  - **a.** My ongoing eligibility for RGI assistance.
  - **b.** The size and type of unit that I may be eligible for;
  - c. The amount of geared-to-income rent I will be required to pay.

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#### Client number:

- 2. I agree to release to Peel Housing Corporation, operating as Peel Living, information about any income, bank account, safety deposit box, assets of any nature or kind held by me, or on my behalf, or by or on behalf of any of my dependents or children temporarily in my care, alone or jointly with any other person in any financial institution, in order to verify my ongoing eligibility for RGI assistance.
- **3.** I understand that any inquiries with respect to my personal information may take the form of electronic data exchanges.
- **4.** I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
- **5.** I understand that only the people I have listed on this document may live with me in subsidized housing.
- 6. I understand that it is an offence, under the Act for an individual to knowingly obtain or assist a household member to obtain RGI assistance for which they are not entitled. Such an offence carries a fine and/or imprisonment as well as a prohibition from re-applying for assistance for a minimum period of two years. If something on this document is missing, incorrect or false, Peel Housing Corporation, operating as Peel Living, may request additional information, or may cancel my eligibility for RGI assistance and may request my household to reimburse the amount of RGI assistance owing on behalf of my household.
- **7.** I agree to report any changes immediately determined by the Housing Services Act, such as assets, household composition, absence from unit and income changes related to OW, ODSP and school enrolment.

| Print full name | Signature of household member (16 and older) | Date |
|-----------------|--|------|
| Print full name | Signature of household member (16 and older) | Date |
| Print full name | Signature of household member (16 and older) | Date |
| Print full name | Signature of household member (16 and older) | Date |
| Print full name | Signature of household member (16 and older) | Date |



# Tenant Annual Review Consent to communicate by email

Client number:

Peel Housing Corporation (Peel Living) requires complete and accurate contact information to communicate with you about your tenant file.

Use this form to provide Peel Living with your email address. This will be the **ONLY** email address that Peel Living will use to receive or provide information to you about your tenant file.

| Clier | t name:  | Telephone number: |
|-------|--|-------------------|
|       |  | '                 |
| Clier | t number:  |                   |
|       |  |                   |
| Add   | ess:   |                   |
|       |  |                   |
|       |  |                   |
| Ema   | address:   |                   |
| E     | consent to being contacted by email at this email ac<br>mail over the internet is not secure, in that it can be<br>etransmitted. | •                 |
| Clier | t signature:   | Date:             |

#### Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

This information collected under the legal authority of the *Housing Services Act, 2011* and regulations thereafter; for the purpose of administering housing subsidy programs. For more information regarding the collection of personal information on this form please contact the Manager of Housing Operations and Tenancy Support at (905) 453-2500, at Peel Housing Corporation, 7120 Hurontario Street, 4th floor, Mississauga, ON L5W 1N4.

Security Classification: RESTRICTED

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# Tenant Annual Review Insurance reminder

Client number:

Peel Living requires that you provide proof of your Tenant Insurance Policy. You are required to provide a copy of the insurance policy on company letterhead, including:

- Policy insurance provider
- Policy insurance number
- Policy holder name/address
- Policy dates (with future expiry date)
- Liability amounts (no less than \$1 million)

To submit proof of your insurance, please email <u>otas@peelregion.ca</u> or drop off a copy at your Superintendent's office.

Should you have any questions, please contact Peel Living at **(905) 790-7335** or email **otas@peelregion.ca** or visit **peelregion.ca/peelliving/#insurance**.

As a reminder, as stated in your lease agreement, Peel Living tenants shall obtain and maintain tenant insurance as follows:

- All risk personal property coverage, of sufficient limit, to indemnify the tenant for the loss of or damage to their contents and betterments and improvements.
- Additional living expense of sufficient limit; and
- Liability insurance, including tenant legal liability, with a limit of not less than \$1,000,000.

Failure to provide proof of tenant insurance could impact your Peel Living tenancy and could result in eviction if not remedied.

Thank you.

Peel Housing Corporation, o/a Peel Living 10 Peel Centre Drive, Suite B, P.O. Box 2800, STN B Brampton, Ontario L6T 0E7 General: (905) 790-7335 Fax: (905) 453-2501

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