

Request for Rental Assistance - Declaration

FEDERAL COMMUNITY HOUSING INITIATIVE – PHASE 2 (FCHI-2)

New Application **Annual Renewal** **Updated Information** **Date:** _____
Name of Representative of the Household: _____
Unit Address: _____

Please identify each individual living in the unit except for those who are financially dependent (1).

Columns **A**, **B** and **C** are mandatory*

First and Last Name (A)*	Type of Income (B)*	Gross Monthly Amount (C)*	Relationship (D)	Gender (E)	
				Male Female Non-Binary	Two-Spirited Do not wish to identify
				Male Female Non-Binary	Two-Spirited Do not wish to identify
				Male Female Non-Binary	Two-Spirited Do not wish to identify
				Male Female Non-Binary	Two-Spirited Do not wish to identify
				Male Female Non-Binary	Two-Spirited Do not wish to identify

If the number of lines is insufficient, please attach additional pages.

Please confirm the number of additional individuals living in the unit that are financially dependent (1). _____

(1) Individual that is financially dependent includes:

- i. an individual who is attending a recognized educational institution on a full-time basis and is under the age of 26;
- ii. an individual under the age of 18, without dependents; or
- iii. an individual with a severe and permanent recognized disability which requires constant care.

(B) Type of Income: Indicate one type of income per occupant, per line, ex: employment, social assistance, pension, none, etc. Information in columns D and E do not have to be repeated if an occupant has more than one line of income. Attach all proof of declared incomes.

(D) Relationship: Indicate the relationship connection between the household's representative and the occupants.

(E) Gender: Indicate which option best describes the occupant's gender. If they do not wish to respond, select "Do not wish to identify".

Expected changes to the household within one year:

Joining the Household (expected date)	Leaving the Household (expected date)	First and Last Name
1		
2		
3		
4		

If the number of lines is insufficient, please attach additional pages.

Household declaration:

As official representative of the household, I declare that: (1) I am authorized by all individuals living in the home to disclose their information contained in all documents related to this declaration; (2) all information found in this request for rental assistance is true and complete in every respect; and (3) all occupants who consider this unit their primary residence are included in the declaration.

I/We have included, in this declaration, all proofs of reported incomes.

I/We have attached all proofs of attendance to a recognized educational institution for all individuals between the ages of 18 and 26 (if applicable).

I/We will tell the housing provider right away of any change in the household members and/ or to their income. I/We understand that this information is essential in determining the rental assistance and that the assistance must be adjusted based on the most up-to-date information. Retroactive adjustments could be made if required.

I/We will quickly repay the housing provider all excess money received in the context of this program.

I/We will tell the housing provider right away of additional funds received from programs or sources that have a similar objective as FCHI-2, which is to help low-income households reduce their housing need.

I/We solemnly declare that all members of this household are allowed to reside in Canada.

I/We understand that a false statement by one or more members of the household can result in a suspension or cancellation of all rental assistance through the FCHI-2.

Consent and Privacy Notice:

I/We authorize the housing provider to disclose our personal information to the housing provider's personnel and its auditors on a need to know basis, for the purpose of the administration of rental assistance under the FCHI-2.

I/We also consent to our personal information being shared with Canada Mortgage and Housing Corporation and its representatives ("CMHC") as part of the FCHI-2. This information is collected under the National Housing Act and other applicable laws for the purposes of

- i. validating your eligibility for the purpose of receiving program funding;
- ii. for administering and evaluating the program;
- iii. for analyzing policies and doing research.

As a result, your refusal to share the required personal information could impact your eligibility under this program. CMHC is committed to protecting the privacy, confidentiality and security of personal information that it holds by adhering to the requirements of the Privacy Act with respect to the management of personal information and you are consenting to CMHC's collection, use and disclosure of your personal information in strict accordance with the Privacy Act. Personal Information collected by CMHC for the purpose of this program can be found in the Info Source Publication on the website under the following Personal Information Bank:

CMHC PPU 220, National Housing Strategy Program

The Privacy Act provides individuals with a right to access their personal information that is under the control of CMHC, to request corrections of their personal information and to file a complaint to the Privacy Commissioner of Canada regarding CMHC's handling of their personal information. Any questions, comments, concerns, requests for personal information or complaints related to the treatment of such personal information may be directed to CMHC's Access to Information and Privacy Office at ATIP-AIPRP@cmhc.ca or you may also visit their [website](#).¹

I/We have been advised that information contained in the file related to our request for rental assistance will be treated with confidentiality and conserved in a secure location.

I/We have been informed of the FCHI-2 program guidelines, of the federal investment in our housing and of the responsibilities of our housing provider.

By signing this declaration, I/we also understand and agree to all statements herein. I/ We consent to our personal information being shared with the housing provider's personnel and its auditors as previously stated, and with CMHC and its representatives for the purposes outlined above/ under Consent and Privacy Notice.

Signed _____, at _____,
(first and last name) *(city / locality)*

on _____ 202_____.
(date)

Signature: _____

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¹ <https://www.cmhc-schl.gc.ca/en/about-us/corporate-reporting/transparency/access-to-information-and-privacy-protection>