



FCHI-2 - Enrolment Annex

Administered by The Agency for Co-operative Housing

To enrol in the FCHI-2 Rental Assistance Program, please complete and return to our office this annex along with the Opt-In/Opt-Out form. Please fill out the annex information accurately and to the best of your knowledge. All questions are required unless otherwise stated. The information provided in this annex will be used in part to calculate rental assistance for the FCHI-2 program.

CMHC Client Number: _____

Mailing Address: _____

Housing Provider Name: _____

1. How many housing units does your co-op have? _____
2. How many households receive a rent supplement from CMHC (ON and PE only), if applicable? _____
3. How many households receive income-tested assistance (ITA) from CMHC, if applicable? _____
4. Are any subsidies received from CMHC for this account used to subsidize other households or properties that are under a different CMHC account or phase? Yes No

5. How many households are currently subsidized by another provincial or municipal source? _____
a) If applicable, please name the sources/providers: _____
b) Enter the end date of your agreement: _____
6. Are there any non-subsidized households who would need rental assistance? (rent is $\geq 30\%$ gross monthly income)
Yes No
a) If you selected "Yes", enter the number of households for consideration: _____

7. What is the main source of energy used by the units in your co-op?
Electricity Gas Other (describe): _____
8. When considering new applicants, are any of the following vulnerable groups prioritized by your co-op?

Unknown / non-applicable	Racialized persons or communities
Survivors (especially women and children) fleeing domestic violence	Newcomers (including refugees)
Seniors	LGBTQ2+
People with developmental disabilities	Veterans
People with mental health and addiction issues	Indigenous peoples
People with physical disabilities	Young adults (aged 18-29)
9. Please provide a contact for any questions regarding your submission:
 - a) Contact name and title

 - b) Phone number and extension, if applicable
_____ Prefer phone calls and mail
 - c) Email address
_____ Prefer e-mails



Complete the following table for households who would need assistance after the end of your CMHC agreement. The total lines in the table should total the number of homes subsidized by CMHC and the number of non-subsidized homes that require rental assistance (Question 2 + 3 + Question 6 a).

Currently receiving subsidy?	Unit Type (ex. 3-bedroom)	Household Composition		Gross Monthly Household Income (\$)	Social Assistance Program (if applicable)	Full Occupancy Charge	Utilities (check all included in rent)		
		Adults	Dependents				Electricity	Heating	Hot Water

Please see the next page for additional annex table rows. If you have any questions or concerns, please contact the FCHI-2 team via email at fchi2-iflc2@cmhc-schl.gc.ca or view the FCHI-2 Guide at our website.

Please return your completed opt-in form and annex to CMHC via email at fchi2-iflc2@cmhc-schl.gc.ca.

If you are unable to provide these documents via email, please contact the FCHI-2 team at 1-800-668-2642.

20200206-004

