



# FCHI-2 - Enrolment Annex Guide

## 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: **18-005-128-000**

Mailing Address: **201-1st Street, Toronto, Ontario, M4B 1B7**

Housing Provider Name: **Test Co-operative**

If the unit currently receives subsidy from a CMHC program, it should be included in the count here.

- 1. How many housing units does your co-op have? 25
- 2. How many households receive a rent supplement from CMHC (ON and PEI only), if applicable? \_\_\_\_\_

Enter total number of units receiving subsidy from municipal or provincial programs.

- 3. How many households receive income-tested assistance (ITA) from CMHC, if applicable? 2

- 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:  
**Enter provincial or municipal program**
- b) Enter the end date of your agreement: **Enter end date of program**

You must select "Yes" to indicate if there are additional non-subsidized households that would need rental assistance.

- 6. Are there any non-subsidized households who would need rental assistance? (rent is >=30% gross monthly income)  Yes  No

- a) If you selected "Yes", enter the number of households for consideration: 2

Enter the number of households that do not receive subsidies but would need rental assistance under FCHI-2. Eligible households will have an occupancy agreement that is at least 30% of their gross monthly income.

- 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown / non-applicable  | <input type="checkbox"/> Racialized persons or communities |
| <input type="checkbox"/> Survivors (especially women and children) fleeing domestic violence | <input type="checkbox"/> Newcomers (including refugees)    |
| <input checked="" type="checkbox"/> Seniors  | <input type="checkbox"/> LGBTQ2+                           |
| <input checked="" type="checkbox"/> People with developmental disabilities                   | <input type="checkbox"/> Veterans                          |
| <input type="checkbox"/> People with mental health and addiction issues                      | <input type="checkbox"/> Indigenous peoples                |
| <input type="checkbox"/> People with physical disabilities                                   | <input type="checkbox"/> Young adults (aged 18-29)         |

- 9. Please provide a contact for any questions regarding your submission:

- a) Contact name and title  
**Gerry Smith**
- b) Phone number and extension, if applicable  
**(416) 753-0123**  Prefer phone calls and mail
- c) Email address  
**gmith@test.coop**  Prefer e-mails

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

If a household applying for FCHI-2 is represented by any of the vulnerable groups listed, please indicate this. If none of the descriptions apply, please leave this section blank. This question is not mandatory.



Please fill out the annex table **completely**.  
 The annex table should have a row for each unit identified in Question 2,3 and 6a if they are to receive rental assistance under FCHI-2.

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
<input checked="" type="checkbox"/>	<b>3-bedroom</b>	<b>2</b>	<b>2</b>	<b>\$2,400.00</b>	<b>N/A</b>	<b>\$1,300.00</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>1-bedroom</b>	<b>1</b>	<b>0</b>	<b>\$1,600.00</b>	<b>N/A</b>	<b>\$1,150.00</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>Bachelor</b>	<b>1</b>	<b>0</b>	<b>\$390.00</b>	<b>OW 1</b>	<b>\$1,000.00</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>Bachelor</b>	<b>1</b>	<b>0</b>	<b>\$1,400.00</b>	<b>N/A</b>	<b>\$1,000.00</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the unit is currently subsidized by CMHC, check the box in this column.

Provide the most recent income information for each household. If the household is receiving a shelter allowance under a social assistance program, please provide the shelter component.

If the household is in receipt of social assistance (ODSP, OW, BC Benefits, etc.), state the program(s) here.

The full occupancy charge should **exclude** any fees for items like parking, cable, and internet.

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](mailto: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](mailto: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.