



Request for Rental Assistance Annual Household Declaration

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

Shaded area is to be completed by the Housing Provider

New application	Annual renewal	Income/composition change	Date: _____
Name of Housing Provider: _____			
Name of Representative of the Household: _____			
Unit address: _____			

Table 1- Please identify each individual living in the household and list all incomes of the household:

First Name, Surname (A)	Relationship ¹ (B)	Age ² (C)	Student ³ (D)	Gender (E)		Type of income ⁴ (F)	Gross monthly amount (G)	Proof of income attached ⁵ (H)	
				Male	Female			Yes	No
				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				

First Name, Surname (A)	Relationship ¹ (B)	Age ² (C)	Student ³ (D)	Gender (E)		Type of income ⁴ (F)	Gross monthly amount (G)	Proof of income attached ⁵ (H)	
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				Male Female Non-Binary	Two-Spirited Do not wish to identify				
				Male Female Non-Binary	Two-Spirited Do not wish to identify				

¹ Relationship: Indicate the relationship connection between the main household's representative and the occupants living in the household.

² Age: Indicate the age of all occupants living in the household.

³ Student: Identify children or individuals aged under twenty-six (26) if they are studying full time at a recognized educational institution.

⁴ Indicate one type of income per occupant per line, ex: employment, social assistance, pension, none, etc. Information in columns B, C, D, E do not have to be repeated if an occupant has more than one line of income.

⁵ Attach all proof of declared incomes.

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

Table 2 - Expected changes to the composition of the household within one (1) year:

	Joining the household (expected date)	Leaving the household (expected date)	First Name, Surname	Relationship
1				
2				
3				
4				

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

Table 3 - (Optional) - Indicate number of occupants that are part of the following vulnerable groups:

Vulnerable group	Number of occupants
Survivors (especially women and children) fleeing domestic violence	
Seniors	
People with developmental disabilities	
People with mental health and/or addition issues	
People with physical disabilities	
Racialized persons or communities	
Newcomers (including refugees)	
LGBTQ2+	
Veterans	
Indigenous peoples	
Young adults (18-29)	

Note that the information provided is for CMHC's statistical use only and will not affect your eligibility to the program. The goal of the National Housing Strategy (NHS) is to ensure Canadians have access to housing that meets their needs and is affordable. By collecting information on priority populations, including women and children, through our NHS programs, including FCHI-2, it enables CMHC to better understand the impact the NHS programs have in supporting these vulnerable citizens.

Household declaration:

As official representative of the household, I declare that all information contained in this request for rental assistance is true and complete in every respect and that no other occupant over 18 years old (or not considered under parental authority) live in this household.

We have included, in this annual statement, all proof supporting reported incomes.

We commit to advise the Housing Provider, without delay, of any changes to the household composition and/or changes to income, whether this be increases or decreases. We understand that these are key components in the establishment of 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.

We commit to promptly reimburse the Housing Provider all overpayments received in the context of this program.

We commit to advise without delay, our Housing Provider of additional funds received from programs or sources that have a similar objective as FCHI-2, which is to assist Low-Income households in order to reduce their housing need.

I solemnly declare that all members of this household are entitled to reside in Canada.

We have attached all proof of attendance of an educational institution for all children between the ages of 18 and 26 (if applicable).

We understand that a false statement of one or more members of the household in Table 1 can result in a suspension or cancellation of all rental assistance through the FCHI-2.

Consent and Privacy Notice:

We authorize the Housing Provider to disclose our personal information from Tables 1 and 2 to its auditor, officers, employees and, Board members, as the case may be, for the purpose of making application for rental assistance under the Federal Community Housing Initiative (FCHI-2).

We also consent to our personal information from Tables 1, 2 and 3 being shared with Canada Mortgage and Housing Corporation and its representatives ("CMHC") as part of the Federal Community Housing Initiative Program (the "Program"). 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 ("FCHI-2 Funding"); (ii) for administration and evaluation of the Program; (iii) for policy analysis and research. As a result, your refusal to share

the required personal information in Table 1 could affect consideration of your eligibility under this Program, however Tables 2 and 3 will not 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 his/her 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](#).

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.

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, we also understand and agree to all statements herein. We consent to our personal information being shared with the Housing Provider's auditor, officers, employees and, Board members, as the case may be, and with Canada Mortgage and Housing Corporation (CMHC) for the purpose of validating eligibility for subsidy as part of the Federal Community Housing Initiative Program.

Signed _____, at _____,
(name, surname) (city / locality)

on _____ 202___.
(date)

Signature: _____