NATIONAL HOUSING STRATEGY

Request for review of the rental assistance amount

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

CMHC Account Number: _____ **Date of request:** _____

Name of Housing Provider: _____

Address of Housing Provider: _____ _____ _____ _____
Street City Province Postal Code

Number of assisted households at the date of the request: _____

Effective date of the revised amount:

Start date of the fiscal year: ☐ **Other date (specify YYYY-MM-DD):** _____

We hereby request that CMHC revise our amount of rental assistance in order to respect the FCHI-2 program guidelines, which is to ensure households do not pay more than 30% of their income towards housing.

We have calculated the new amount of rental assistance using a 30% rent-geared-to-income level and attached a copy of the calculation worksheets and the Request of Rental Assistance – Annual Household Declaration for each of the households receiving rental assistance.

Household	New amount of rental assistance ($)	Proof of income verified Yes	No
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐

Household	New amount of rental assistance ($)	Proof of income verified Yes	No
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐

As official representatives of the Housing Provider, we declare that all the information contained in this request is true and complete and that the proof of income has been verified. We have attached a copy of the calculation worksheets using a 30% rent-geared-to-income level.

Representative of the Housing Provider:

_____ _____ Date: _____
(name) (signature)

_____ _____ Date: _____
(name) (signature)

CMHC use only

Date:
Initial Number of Assisted Households:
Base Number of Assisted Households:
Annual Rental Assistance:
Revised Annual Rental Assistance:
Name of specialist:
Reviewed by:

Please submit your request form to
fchi2-iflc2@cmhc-schl.gc.ca

Canada

CMHC SCHL

Household (1,2,3, etc.)	New amount of rental assistance ($)	Proof of income verified	
		Yes	No
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Household (1,2,3, etc.)	New amount of rental assistance ($)	Proof of income verified	
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