



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: _____

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 for each of the households receiving rental assistance.

Household	New amount of rental assistance (\$)	Proof of income verified		Household	New amount of rental assistance (\$)	Proof of income verified	
		Yes	No			Yes	No
1				5			
2				6			
3				7			
4				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:

(name) (signature) Date: _____

(name) (signature) Date: _____

CMHC use only

Initial Number of Assisted Households:

Annual Rental Assistance:

Name of specialist:

Date:

Base Number of Assisted Households:

Revised Annual Rental Assistance:

Reviewed by:

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



