



# 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

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

Please identify each individual living in the household:

	<b>Name, Surname</b>	<b>Relationship*</b>	<b>Age**</b>	<b>Student***</b>	<b>Gender</b>	<b>Vulnerable Groups**** (if applicable)</b>
1					Male Female Two-Spirited Do not wish to identify	
2					Male Female Two-Spirited Do not wish to identify	
3					Male Female Two-Spirited Do not wish to identify	
4					Male Female Two-Spirited Do not wish to identify	
5					Male Female Two-Spirited Do not wish to identify	
6					Male Female Two-Spirited Do not wish to identify	

	Name, Surname	Relationship*	Age**	Student***	Gender	Vulnerable Groups**** (if applicable)
7					Male Female Two-Spirited Do not wish to identify	
8					Male Female Two-Spirited Do not wish to identify	

\* Relationship: Indicate the relationship connection between the occupants living in the household.

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

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

\*\*\*\* Vulnerable Groups: Indicate any members of the household that is part of the following vulnerable groups: survivors (especially women and children) fleeing domestic violence, seniors, people with developmental disabilities, people with mental health & addiction issues, people with physical disabilities, racialized persons or communities, newcomers (including refugees), LGBTQ2+, veterans, Indigenous peoples and young adults (aged 18-29).

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

Please list all incomes of the household:

	Name, Surname	Type of income*	Gross monthly amount	Proof of income attached**	
				Yes	No
1					
2					
3					
4					
5					
6					

\* Indicate one type of income per occupant per line.

\*\* Attach all proof of declared incomes.

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

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

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

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

## 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 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 to its auditor, officers, employees and, Band Council 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 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 could affect consideration of 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 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](mailto: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) and its representative 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: \_\_\_\_\_