



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:

Please identify each individual living in the dwelling 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)	
				Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR RENTAL ASSISTANCE - ANNUAL HOUSEHOLD DECLARATION
 FEDERAL COMMUNITY HOUSING INITIATIVE - PHASE 2 (FCHI-2)

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 Non-Binary	Two-Spirited Do not wish to identify			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Two-Spirited <input type="checkbox"/> Do not wish to identify			<input type="checkbox"/>	<input type="checkbox"/>

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

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

³ Student: Identify children or individuals aged under 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.

Expected changes to the composition of the household within one 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.

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) lives in this dwelling.

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 the Housing Provider's personnel and its auditors on a need to know basis, for the purpose of making application for rental assistance under the 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 FCHI-2. 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; (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 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](#)¹.

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 personnel and its auditors as previously stated, and with CMHC for the purpose of validating eligibility for subsidy as part of the FCHI-2.

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

on _____ 202__ .
(date)

Signature: _____

¹ <https://www.cmhc-schl.gc.ca/en/about-cmhc/corporate-reporting/transparency/access-to-information-and-privacy-protection>