



APPENDIX G OVERHOUSED

Return this form to Housing Access one of these ways:

Mail P.O. Box 344, Thorold, ON L2V 3Z3

Fax 905-935-0476

HOUSEHOLD MEMBERS	DATE OF BIRTH	SIN
Current Address		
Current Telephone Number		
Household Income		
Market Rent for Current Unit		
Overhoused	Currently occupying a ____ bedroom unit. Requires a ____ bedroom unit.	
Original Date of Application Prior to Receiving RGI Assistance		
Name of Housing Provider		

Submitted By: _____

Date: _____

*Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991 and the Personal Health Information Protection Act (PHIPA), 2004. The information will be used only for the purposes of determining continued eligibility for an additional bedroom. In requesting an additional bedroom, the tenant/member consents to the collection, use and disclosure, including verification, of the information provided to *HOUSING PROVIDER* in their request or supporting documents.*