



# OVERHOUSED/UNDERHOUSED

Appendix C

Overhoused: \_\_\_\_\_

Underhoused: \_\_\_\_\_

Housing Provider: \_\_\_\_\_

HOUSEHOLD MEMBERS	DATE OF BIRTH	SIN
<b>CURRENT ADDRESS:</b>		
<b>CURRENT TELEPHONE NUMBER:</b>		
<b>HOUSEHOLD INCOME:</b>		
<b>MARKET RENT FOR CURRENT UNIT:</b>		
<b>OVERHOUSED/UNDERHOUSED:</b>	Currently occupying a _____ bedroom unit. Requires a _____ bedroom unit.	
<b>ORIGINAL DATE OF APPLICATION PRIOR TO RECEIVING RGI:</b>		

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

Copy of Original Overhoused Letter attached (if applicable): Y \_\_\_\_\_ N \_\_\_\_\_

*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 in their request.*