York Region

Community and Health Services Department
Housing Services Branch

In-Situ Application Checklist

Tenant/Member Name: _____ **Date:** _____

Housing Provider: _____

HOUSING PROVIDER SECTION

The following items are attached:

☐ In-Situ Application Form completed and signed by all residents over the age of 16

☐ Income tax and notice of assessment for all residents over the age of 16

☐ Copy of household's lease/occupancy agreement(s)

☐ Copy of most recent utility bill(s) (if household pays own utilities)

☐ All required supporting documents provided by the household (as per checklist on page 3 of the application form)

☐ If applicable, supporting documents for household arrears and repayment schedule

Did the household previously receive RGI? Y / N (circle one)

Does the household owe any arrears? Y / N (circle one) If yes, please attach supporting documents

Amount owed? $_____ Was a repayment schedule established? Y / N (circle one)

Completed By:_____ Signature_____

York Region Section

Date the application was received in full (with all supporting documents) _____

Financial Information	Income Calculation Notes		
	Name	Pre Loss	Current
Rent Amount: $_____			
Monthly Utilities: $_____			
Pre-Loss Income: $_____ % for Rent: _____%			
Current Income: $_____ % for Rent: _____%			
% of change in income: _____%			

Eligibility Criteria

☐ Significant loss of income (the change in income is more than 20%)

☐ Involuntary loss of income

☐ Income loss is permanent

☐ More than 50% of income required to pay rent

☐ Total household assets do not exceed $20,000

☐ Doesn't receive Housing Allowance

Recommendation

Eligible unit size: Bachelor ☐ 1bdrm. ☐ 2bdrm. ☐ 3bdrm. ☐ 4bdrm. ☐

Bridging benefit amount: $_____/month

It is recommended to:	Approve _____	Deny _____

Recommended by: _____ Date: _____

Rationale/Comments:

_____

_____

Final Decision

_____

Application: Approved:_____   Denied:_____   Date: _____