



Community Services and Housing Department
Housing and Residential Services

ERO Referral - Housing and Residential Services

**Attach most recent copy of signed consent form*

Site/Project: _____

Lease Holder(s)	Name	Age/Date of Birth	Relationship
Tenant 1			
Tenant 2			
Tenant 3			
Dependant 1			
Dependant 2			
Dependant 3			

Address:
Bedroom size:
Date moved into site:

Application(s) for Subsidy	Date	Verification Submitted
Application for RGI		
Approved for RGI		
Annual Review		
Annual Review		
Annual Review		

Approximate Financial Loss – RGI owing: (Market rent less RGI paid per month) \$	Time period involved:
Reason for referral (Indicators of Misrepresentation): <input type="checkbox"/> undeclared income <input type="checkbox"/> other — (please explain) <input type="checkbox"/> undeclared family composition _____ <input type="checkbox"/> undeclared assets _____	

Details: (Please explain why this file requires review. Include observations, facts, information received.)

