

This form is for households that have previously received a rent benefit under the COVID-19 In-Situ Program and are re-applying for an additional four-month benefit. **This form is only to be completed if your household's circumstances have not changed since the time of your previous application.** This includes your household income, household composition, rent or the benefits your household receives.

If your household's circumstances have changed, you must complete the [COVID-19 In-Situ Application Form](#).

INSTRUCTIONS

Please provide this completed form to your Housing Provider. Your Housing Provider will forward your completed re-application to York Region for review. No additional verification documentation is required.

Housing Provider:

SECTION 1: HOUSEHOLD INFORMATION

| | | |
|----------------------------|--------------------|--------|
| Name of primary applicant: | | |
| Home telephone number: | Cell phone number: | Email: |

SECTION 2: DECLARATION

My household's circumstances have not changed since I last applied for the COVID-19 In-Situ Program, including my household income, household composition, rent or the benefits I/we receive.

Please read the following carefully before signing:

- A. I acknowledge that the terms and conditions of the Program may change from time to time and I agree to comply with the amended terms of the Program upon receiving them in writing.
- B. I know that the information I have provided on this form will be used by York Region to determine if I am eligible to receive a Rent Benefit.
- C. I confirm that the information on this form is true and that I/we have not left any important information out.
- D. I understand, and agree, that if York Region determines that the information on this form is not true York Region can stop my Rent Benefit and can make me pay York Region back.
- E. The Region will from time to time, audit files to check the accuracy of the information included in this form.

All household members 16 years of age or older must sign below after reviewing the consent and declaration

| Print Name (first name, last name) | Signature | Date (MM/DD/YY) |
|------------------------------------|-----------|-----------------|
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SECTION 3 – COLLECTION OF PERSONAL INFORMATION AND DECLARATION

Personal information contained on this form is collected by The Regional Municipality of York under the legal authority of the Municipal Act, 2001, for the purposes of determining eligibility for the Regional Rent Assistance Program and evaluating program participation, administration and performance outcomes. Personal information will be retained, used, disclosed and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information.

For more information about the collection of personal information, contact:

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 1-877-464-9675, ext. 72062
 Program Manager, Housing Programs