

MIMICO CO-OPERATIVE HOMES INC.

NOTICE OF CHANGE

Name _____ Unit # _____

Type of change:

- Income** eg. lost a job, started new job, got a raise etc.
- Assets** eg. bought or sold land, cottage, RRSP, etc.
- Occupants** eg. someone moved in or out, guests etc.
- Citizenship** eg. deportation or departure order etc.
- Student** eg. no longer full time student

When was the change (date) _____

Describe the change: _____

Supporting documentation

is attached

will be submitted within 30 days

→ please read & sign other side →

I confirm that all the information given in this form is true and complete.

I understand that if I am found guilty by the courts, or the Ontario Rental Housing Tribunal, of giving false or incomplete information to the co-op or another non-profit housing provider, I can lose my subsidy.

I understand that the *Housing Services Act* requires the Co-op to collect personal information about me. I understand the Co-op will use this information to see

- if my household qualifies for the housing we live in
- if my household continues to be eligible for rent-geared-to-income subsidy
- how much rent-geared-to-income subsidy my household qualifies for.

I understand the Co-op may give the information on this form and any attachments, without further notice to me, to

- The City of Toronto or any other person stated in the *Housing Services Act* if the information is needed to make decisions or verify my eligibility for assistance under
 - the *Housing Services Act*, 2011
 - the *Ontario Works Act*, 1997
 - the *Ontario Disability Support Program Act*, 1997 or
 - the *Day Nurseries Act*.
- Any government or body with whom The City of Toronto or the Minister responsible for the administration of the *Housing Services Act* has made an agreement under the *Housing Services Act*.

I understand that any information on this form or attachments will only be given in accordance with the *Housing Services Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act* and associated regulations.

I agree that the Co-op can receive, through its employees or agents, credit information from any credit agency or any other source.

Signature _____

Date _____

Signature _____

Date _____