

Please use this form to tell us about any changes to your application for rent-geared-to-income housing.

Name:					
Date:		Application number:			
Current Address					
Street#:		Street name:			Apt #:
City:		Province:		Postal Code:	
Home phone:			Work phone:		
Contact name:			Contact phone:		
Household Information					
	Name	Date of birth YYYY/MM/DD	Gender		
Applicant:			<input type="checkbox"/> M <input type="checkbox"/> F		
Spouse/partner:			<input type="checkbox"/> M <input type="checkbox"/> F		
Other household members:			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
Applicant signature:					
<p><i>Housing Connections has permission to gather the requested information under the: City of Toronto Act, 1997 (No. 2), and the Housing Services Act, 2011 (HSA) for the purposes of administering a centralized application and waiting list, and other social housing programs under the HSA and prescribed by Regulation, and for any residential tenancy or occupancy we may eventually have with a housing provider or landlord.</i></p>					

Complete this form and send it to:

Housing Connections
 176 Elm Street, Toronto, ON
 M5T 3M4
 or fax: (416) 981-6112