



## Notice to Change

Page 1 of 2

### Household Member's Name:

Last name:

First name:

**Date of Birth:** (dd/mm/yyyy)

Please complete sections below to indicate where changes have occurred, sign section number 6 and submit to the Social Housing Registry.

#### 1. **New Contact Information:** (if changes have occurred)

Address:

Phone Number:

Contact Name:

Contact's Phone Number:

#### 2. **Household Member Changes**

a. Please add the following member to my application.

Last name:

First Name:

Date of Birth: (dd/mm/yyyy):

Note: When adding a new household member, a new Part A application for rent-geared-to-income assistance must be completed and submitted with this form along with proof of citizenship for the new member if over 16 years of age and/or custody or visitation documents if applicable.

b. Please remove the following person from my application.

Full Name:

#### 3. **Income Changes:**

Name :

Monthly Amount: \$

Source:

Name :

Monthly Amount: \$

Source:

Name :

Monthly Amount: \$

Source:

#### 4. **Area Location Preference Changes:**

a. Please add my name to all lists for which I qualify:

b. Please add my name to the following wait list or lists:

c. Please remove my name from the following wait list or lists:

d. For all other changes in areas of preference you must submit a **List of Addresses** form which will replace all previous housing selections.

**5. Please cancel my application :**

**6. Declaration and Consent**

I declare that all information given in this Notice to Change form is correct and complete.

Print Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice with Respect to the Collection of Personal Information**

Personal information as defined by *the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, including (but not limited to), names, addresses and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry pursuant to the *Housing Services Act, 2011 and the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56)* and will be used to determine eligibility for rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Please complete form in full, sign and deliver to:

The Social Housing Registry, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

Toll Free: 1-888-778-4531

Email: [theregistry@cityofkingston.ca](mailto:theregistry@cityofkingston.ca)