



The Regional
Municipality
of Durham

Annual Housing Supplement and Administration Fee Request - (Form A)

CSHP

OCHAP

Project Number (Internal use)

Name of Non-Profit Group
Mailing Address
Project Address

A Total Units in Project	B Maximum Certified Units	C Minimum Certified Units	D Total Units Months Claimed
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AMOUNT OF SUBSIDIES RECEIVED FROM THE MINISTRY FOR THE MONTHS OF:

Month/Year	Housing Supplement	Administration Fee	Total Payment Received
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
Total Received	F	G	H
Less: Actual Amount Required (Form B - attached)	I	J	K
	\$ _____	_____	_____
Amount to be paid by (or repaid to) The Region of Durham	L	M	N
	_____	_____	_____

I hereby certify that the data reported above and on supporting schedules accurately reflects the status of the project for the fiscal year being claimed.

I further certify that this Corporation has complied with the requirements of the Community Sponsored Housing Program Agreement or Ontario Community Housing Assistance Program Agreement and as set forth in the *Social Housing Reform Act* and the Directives and policies of the Region of Durham with respect to eligibility, occupancy standards, calculation of rent-geared-to-income, and selection of tenants from the centralized waiting list.

Authorized Signature	Position	Telephone No.	Date
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Regional Use Only

Reviewed By:	Date:
Approved By:	Date: