

# Request for an Additional Bedroom

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

File number: \_\_\_\_\_

## Information for applicants

You have indicated on your rent-geared-to-income (RGI) application form that you wish to apply for an **additional bedroom** above the number of bedrooms your household qualifies for under the local occupancy standards. A request for an additional bedroom must include the following;

- This form, "Request for an Additional Bedroom" completed by the applicant

### **AND the relevant documentation from the list below:**

- Verification and declaration completed and signed by a licensed medical physician or
- Verification in the form of a court order or notarized agreement or
- Verification in the form of an employment contract or notarized agreement

In order to avoid any delays in processing your request for an additional bedroom, please ensure that all sections of the form are completed. All information disclosed to The Social Housing Registry of Ottawa will remain confidential.

Return the form by mail to: The Social Housing Registry of Ottawa  
2197 Riverside Drive, 5th Floor  
Ottawa, Ontario K1H 1A9

## Types of Requests for an Additional Bedroom

There are four (4) types of requests that may be considered for an additional bedroom:

- Spousal: A spouse has a disability or medical condition that makes it reasonably necessary to have a separate bedroom.
- Pregnancy: A member of the household is pregnant, and the household will be eligible for an additional bedroom for the child.
- A member of the household has a disability or medical condition that requires:
  - a bedroom to store life sustaining medical equipment
  - a bedroom to accommodate an individual who provides support services. The person cannot be a member of the household. There must be a formal written agreement demonstrating a professional relationship between the individuals
- Joint Custody/Access of a child: A member of the household has a formal agreement for:
  - joint custody of a child who is not a full-time member of the household; or
  - visiting rights that includes frequent overnight access to a child who is not a full-time member of the household;

and the dependent child will reside with the household at least 50% of the time and the bedroom is required to accommodate the child.

I, \_\_\_\_\_ (print name), hereby request an additional bedroom and authorize and consent to the disclosure to The Social Registry of Ottawa, on behalf of the City of Ottawa as Service Manager, of information and documents required by the agency for the purpose of verifying the information and documentation provided to determine my eligibility for an additional bedroom.

Signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

<p><b>Please Describe Your Current Living Situation</b>  <i>(This must be completed before taking this form to the doctor)</i></p>	
<p><b><u>Occupancy Standards</u></b></p> <ul style="list-style-type: none"> <li>• Number of bedrooms I/we qualify for? _____</li> <li>• Number of bedrooms I/we are applying for? _____</li> </ul>	
<p><b>Reason for Requesting an Additional Bedroom</b>  <i>Please select the appropriate type of request below</i></p>	
<p><input type="checkbox"/> <b>Spousal</b></p>	<p>If you or your spouse have a disability or a medical condition that makes it reasonably necessary to have a separate bedroom, please have a licensed physician complete this form and provide a medical opinion outlining the medical condition or disability along with an explanation of the need for the additional bedroom as a result of the medical condition (See page 3 of this form).</p>
<p><input type="checkbox"/> <b>Pregnancy</b></p>	<p>If a member of the household is pregnant, and the household will be eligible for an additional bedroom for the child, please provide a written document or letter from a medical professional verifying the pregnancy.</p>
<p><input type="checkbox"/> <b>A Member of the Household Has a Disability or Medical Condition that Requires:</b></p>	<ul style="list-style-type: none"> <li>• a bedroom to store life sustaining medical equipment</li> </ul> <p>Please have a licensed physician provide a medical opinion outlining the medical condition or disability along with an explanation of the life sustaining medical equipment that requires the need for an additional bedroom (See page 3 of this form).</p> <ul style="list-style-type: none"> <li>• a bedroom to accommodate an individual who provides support services and who is not a member of the household.</li> </ul> <p>There must be a formal written agreement demonstrating a professional relationship between the individuals. Please provide an employment contract or notarized agreement detailing the necessary support services and professional relationship.</p>
<p><input type="checkbox"/> <b>Joint Custody / Access of a Child</b></p>	<p>A member of the household has a formal agreement for:</p> <ul style="list-style-type: none"> <li>• joint custody of a child who is not a full-time member of the household; or</li> <li>• visiting rights that includes frequent overnight access to a child who is not a full-time member of the household and the dependent child will reside with the household at least 50% of the time and the bedroom is required to accommodate the child.</li> </ul> <p>Please provide a legal document such as court order or notarized written agreement that details the dependent child resides with the household at least 50% of the time.</p>

**Information for physician**

Your patient is requesting an additional bedroom on the waiting list for Rent-Geared-to-Income housing. Please see page 2 of this form for descriptions of the reasons for the request. Please select the appropriate type of request for your patient below and provide the verification required.

**Spousal:** A written medical opinion from a licensed physician outlining the medical condition or disability along with an explanation of the need for an additional bedroom as a result of the medical condition

**A Member of the Household Has a Disability or Medical Condition:** A written medical opinion from a licensed physician outlining the medical condition or disability along with an explanation of the life sustaining medical equipment that requires the need for an additional bedroom

**Pregnancy:** A written document or letter from a medical professional verifying the pregnancy.

**An additional bedroom is not considered reasonably necessary for snoring, sleep apnea machines and/or related equipment, frequent nocturnal urination and restless leg syndrome.**

**Please explain, in your opinion, the reasons that an additional bedroom is a medical requirement of the condition or disability.**

**Physician Verification and Declaration**

I certify that this information represents my professional opinion and to the best of my knowledge and belief is true and correct.

Office Stamp

Physician name (please print)

Physician signature

Date (YYYY-MM-DD)

**Do not fax, original form is required**