

# APPLICATION UPDATE FORM

\*Office Use Only – Select Program Approved:  FAMILY  SENIORS  RENT SUPPLEMENT  CASTLE

Date:	(Primary Applicant) Last Name:	First Name
Phone/Cell: Email:	(Co-Applicant) Last Name:	First Name:
Current Address:	City:	Postal Code:

**Assets:** (List all Assets: Vehicles, RV's, Property, Savings, RRSP'S)

- Vehicle/RV: Year/Make/Value: \_\_\_\_\_
- Owned  Monthly Payment Amount: \$ \_\_\_\_\_
- Cash in Bank:\$ \_\_\_\_\_  Savings:\$ \_\_\_\_\_
- Stocks/Bonds:\$ \_\_\_\_\_  RRSP's:\$ \_\_\_\_\_
- Real Estate: Describe/Value: \_\_\_\_\_

**How long have you lived in Lethbridge and area?**

- less than 6 months  more than 6 months

**Citizenship Status:**

- Canadian Citizen  Landed Immigrant

**Other** (Explain): \_\_\_\_\_

**Have you recently moved?**  Yes  No

If **Yes**, move in date: \_\_\_\_\_

Size of **Present** Home:

- 1-Bdrm  2-Bdrm  3-Bdrm  4-Bdrm

Lease Expiry: \_\_\_\_\_

Rent Amount: \_\_\_\_\_

Utilities Included:  Yes  No

If **No**, check which utilities you pay for:

- Heat  Electric  Water & Sewer

**Have you received: Utility Disconnect Notice?**

- No  Yes

(Attach Copy)

Landlord Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Present Living Accommodations:**

- Own Place  Private Rental  Social Housing

- Hotel  Community Dorm  Shelter

- Institutional  Homeless  Other \_\_\_\_\_

Are you sharing any part of your current accommodation with person(s) not applying on this application?

- Yes  No

If **Yes**, indicate number of people **other than those listed below:**

# \_\_\_\_\_ Children # \_\_\_\_\_ Single Adults

List all other household members (currently living in household):

Last Name	First Name	Gender	Birthdate (Y/M/D)	Relationship to Applicant	Employer and/or School?

Are you being evicted?  YES  NO. If YES, provide a copy of the eviction notice.

Are you a Housing First Graduate? (Please provide letter from Housing Support Worker)  Yes  No

Are you living in a unit that is accessible to your physical needs?  YES  NO If NO, please explain:

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Are your current living conditions affecting your health in any other way?  YES  NO If YES, please provide written documentation (i.e. Physically, mentally, emotionally, etc.)

Do you currently have a pet(s)?  Yes  No Type(s): \_\_\_\_\_  
 Only some LHA units are pet friendly - are you able to make alternate arrangements for your pet(s) if you were placed in a Lethbridge Housing unit?  Yes  No

**Sources of Gross Income of all Members of Household:**

Check all income sources, enter amounts and provide supporting documentation:					
<input type="checkbox"/>	AISH \$	<input type="checkbox"/>	EI \$	<input type="checkbox"/>	Alberta Health Benefits Card
<input type="checkbox"/>	Assets \$	<input type="checkbox"/>	Income Support \$	<input type="checkbox"/>	Band Funding \$
<input type="checkbox"/>	Company Pension \$	<input type="checkbox"/>	Line 150 Taxes \$	<input type="checkbox"/>	Grants/Bursaries/Scholarships\$
<input type="checkbox"/>	Child Support \$	<input type="checkbox"/>	Spousal Support \$	<input type="checkbox"/>	Loans \$
<input type="checkbox"/>	CPP \$	<input type="checkbox"/>	Student Funding \$	<input type="checkbox"/>	Self-Employment \$
<input type="checkbox"/>	Other (please list and describe) \$				

**Applicant #1:**  
 Employment  No  Yes  Full Time or  Part-Time  
 Place of Employment \_\_\_\_\_ Wage/Salary \$ \_\_\_\_\_ # Hrs/Wk \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_  
 recently unemployed, attach ROE/Record of Employment.  
 recently changed jobs; attach a current employer verification form.

**Spouse/Co-Applicant:**  
 Employment  No  Yes  Full Time or  Part-Time  
 Place of Employment \_\_\_\_\_ Wage/Salary \$ \_\_\_\_\_ # Hrs/Wk \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_  
 recently unemployed, attach ROE/Record of Employment.  
 recently changed jobs; attach a current employer verification form.

**ADDITIONAL COMMENTS (attach separate sheet if necessary):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you may contact a Property Clerk or the FOIP Co-ordinator at Lethbridge Housing Authority's Business Office: 314 – 3 Street South, Lethbridge, AB T1J 1Y9 (403) 329-0556.