

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 household members:

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:
