



APPLICATION UPDATE FORM

To be completed by applicants every 6 months and/or if personal information or need for housing changes

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

Applicant Information					
Name: _____					Today's Date: _____
Date of Birth: _____		Current Address: _____			
Phone: _____		Email: _____		Marital Status: _____	
Spouse/Co-Applicant Information – If applicable.					
Name: _____					Phone: _____
Date of Birth: _____		Email: _____		Marital Status: _____	
Household Composition – Please list all individuals, <u>including yourself</u> , currently living in your household.					
Full Name	Relationship to Applicant	Birthdate (M/D/Y)	Age	Gender	Employer or School Name
Current Housing Information					
Do you presently rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own		Present Accommodation: <input type="checkbox"/> House <input type="checkbox"/> Private Rental <input type="checkbox"/> Hotel <input type="checkbox"/> Dorm <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Institutional <input type="checkbox"/> Social Housing <input type="checkbox"/> Other _____			
Move in Date: _____	Number of Bedrooms: _____	Rent Amount: \$ _____/mo	Are utilities included in your rent amount? _____ If <u>no</u> , check which utilities you pay for: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water & Sewer		Have you received a Utility Disconnect Notice? _____ If <u>yes</u> , please attach a copy.
Landlord Name: _____ Landlord Phone: _____		Are you sharing any part of your current dwelling with persons <u>not</u> applying on this application? _____ If <u>yes</u> , indicate the <u>number</u> of people other than those listed on this application. Children: _____ Adults: _____			

Lethbridge Housing



Other Information

Have you received an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u>, for what date? _____ If <u>yes</u> , please also submit a copy of your eviction notice.	Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant	How long have you lived in Lethbridge and area? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> More than 6 months Are you a Housing First graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please provide a letter from your Housing First Support Worker
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Do you currently have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If you currently own a pet, what kind? _____	<i>Please note that only certain units allow pets. Approval for a pet in a Lethbridge Housing Unit is subject to the landlord as some of our rental properties do not allow pets.</i>
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Are your current living conditions accessible to your physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>no</u> , please explain: _____	Are your current living conditions affecting your health in any other way? (Mentally, emotionally etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please explain: _____
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Assets and Total Value: <input type="checkbox"/> Property Owned \$ _____ <input type="checkbox"/> Cash/Money in Bank \$ _____ <input type="checkbox"/> Investment Income \$ _____ <input type="checkbox"/> Stocks & Bonds \$ _____ <input type="checkbox"/> RRSP \$ _____ <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Vehicle Estimated Value \$ _____ <input type="checkbox"/> Vehicle Monthly Payment \$ _____ <input type="checkbox"/> Vehicle Make/Model/Year: _____
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Employment Income - Complete for all members of your household on this update (including dependents) currently employed.

Employee's Name	Workplace Name	Workplace Phone Number	Dates of Employment (M/Y-M/Y)	Payment Information		
				Pay/Hour	Hours/Week	Salary
				\$		\$
				\$		\$
				\$		\$

Are you recently unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently changed jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>yes</u> , attach Record of Employment (ROE). If <u>yes</u> , attach a letter from your current employer.
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Other Income of All Members of Household – Check off the source(s) of income then enter the total monthly amount for all household members on the update form.

<input type="checkbox"/> AISH (Assured Income for the Severely Handicapped) \$ _____	<input type="checkbox"/> Disability Benefit \$ _____ <input type="checkbox"/> EI (Employment Insurance) \$ _____	<input type="checkbox"/> Private Pensions \$ _____ <input type="checkbox"/> Rental Income \$ _____	<input type="checkbox"/> Support from Family \$ _____ <input type="checkbox"/> WCB (Workers Compensation) \$ _____
<input type="checkbox"/> ASB (AB Seniors Benefit) \$ _____	<input type="checkbox"/> Income Support \$ _____	<input type="checkbox"/> Self-Employed \$ _____	<input type="checkbox"/> Other (Please Specify) _____ \$ _____
<input type="checkbox"/> CCB (Canada Child Benefit) \$ _____	<input type="checkbox"/> Investments (Interest) \$ _____	<input type="checkbox"/> Spousal Support \$ _____	
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> OAS (Old Age Security)/GIS (Guaranteed Income Support) \$ _____	<input type="checkbox"/> Student Loans/Grants \$ _____	
<input type="checkbox"/> CPP (Canada Pension Plan) \$ _____			

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 Placements or the FOIP Coordinator at Lethbridge Housing Authority Business Office (403) 329-0556.

