



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:		Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant			
Current Address:				Postal Code:	
Phone:		Email:		Marital Status:	
How long have you lived in Lethbridge and area? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> More than 6 months					
Spouse/Co-Applicant Information – If applicable.					
Name:				Phone:	
Date of Birth:		Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant			
Phone:		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"/> Rental <input type="checkbox"/> Social Housing <input type="checkbox"/> Hotel <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Institutional <input type="checkbox"/> Owned Property <input type="checkbox"/> Temporary/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.

Lethbridge Housing



Current Housing Information (Continued)

Landlord Name: _____ Landlord Phone: _____	<p style="text-align: center;">Are you sharing any part of your current dwelling with people <u>not</u> applying on this application? _____</p> <p style="text-align: center;">If <u>yes</u>, indicate the <u>number</u> of people other than those listed on this application.</p> <p style="text-align: center;">Children: _____ Adults: _____</p>
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<p style="text-align: center;">Have you received an eviction notice?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <u>yes</u>, for what date? _____</p> <p>If <u>yes</u>, please also submit a copy of your eviction notice.</p>	<p style="text-align: center;">Do you currently have a pet?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you currently own a pet(s), what kind?</p> <p style="text-align: center;">_____</p>
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<p style="text-align: center;">Are you currently receiving a rent supplement?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <u>yes</u>, indicate the end date of the supplement.</p> <p style="text-align: center;">_____</p>	<p style="font-size: small;"><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></p>
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<p style="text-align: center;">Are your current living conditions accessible to your physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <u>no</u>, please explain:</p> <p>_____</p>	<p style="text-align: center;">Are your current living conditions affecting your health in any other way? (Mentally, emotionally etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <u>yes</u>, please explain:</p> <p>_____</p>
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Assets and Total Value:

<input type="checkbox"/> Property Owned \$ _____	<input type="checkbox"/> Stocks & Bonds \$ _____	<input type="checkbox"/> Vehicle Estimated Value \$ _____
<input type="checkbox"/> Cash/Money in Bank \$ _____	<input type="checkbox"/> RRSP \$ _____	<input type="checkbox"/> Vehicle Monthly Payment \$ _____
<input type="checkbox"/> Investment Income \$ _____	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Vehicle Make/Model/Year: _____

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? Yes No If yes, attach Record of Employment (ROE).

Have you recently changed jobs? Yes No If yes, attach a letter from your current employer.

Other Income for 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 Source of Income (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 \$ _____	

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.

Lethbridge Housing



Target Populations

I identify as a member of the following minority populations:

- Indigenous Peoples
- People with Disabilities
- Recent Immigrant or Refugee
- People who identify with diverse concepts of sexual orientation, gender identity, and expression
- Other Racialized Group

I am currently experiencing or at risk of the following:

- Fleeing Domestic Violence*
- Dealing with mental health and/or addiction*
- Homelessness or transitioning out of homelessness supports*
- Youth exiting government care
- Veteran

* and working with appropriate supports and services to support stable housing

Please be advised that many of the demographic and identifying information above are protected grounds under the Alberta Human Rights Act and disclosing any of that information will not result in harassment, discrimination, or any other penalty towards your application. The personal information in this form is being collected by Lethbridge Housing Authority/Lethbridge & Region Community Housing Corporation under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact (403)329-0556.

Please Sign Below

Applicant Signature

Date

Co-Applicant Signature (if applicable)

Date