



### Application UPDATE

**Please complete all fields and attach supporting documentation for areas you state have changed to ensure your application is re-evaluated and your needs assessment is as accurate as possible.**

Date: \_\_\_\_\_ Primary Applicant Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Emerg Phone #: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have you moved? Yes or No If yes, move in date: \_\_\_\_\_ Lease expiry: \_\_\_\_\_

**Please list other household members:**

Last Name	First Name	Gender	Birth date (year/mo/day)	Relationship to Applicant	Currently living with applicant Y or N

**Are you sharing any part of this accommodation with person(s) NOT listed above? Yes or No**

If yes, how many additional adults (#): \_\_\_\_\_ children (#): \_\_\_\_\_

**Please list and explain what part of the accommodation is shared (*please list age and gender of anyone sharing a bedroom*):**

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

**Are you being evicted? Yes or No (if yes, please explain why and provide a copy of the eviction)**

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

**Describe your living situation at this time: Are you homeless? Are you living with family or friends, or in a shelter etc.**

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

\*\*\*\*\*PLEASE TURN PAGE OVER AND COMPLETE BACK\*\*\*\*\*

# of bedrooms: \_\_\_\_\_ Rent Amount \$: \_\_\_\_\_ Are ALL utilities included? Yes or No

If no, please check utilities **NOT** included:

- Electricity    Gas    Water    Sewer    Solid Waste    Recycling

**Total Monthly GROSS income (before taxes): \$** \_\_\_\_\_

Please check all income sources and amounts:

- |   |  |
|---|--|
| <input type="checkbox"/> AISH \$: _____                             | <input type="checkbox"/> Senior (Line 150 Tax Return) \$: _____  |
| <input type="checkbox"/> Assets \$: _____                           | <input type="checkbox"/> Spousal Support \$: _____               |
| <input type="checkbox"/> Company Pension \$: _____                  | <input type="checkbox"/> Student Funding \$: _____               |
| <input type="checkbox"/> Child Support \$: _____                    | <input type="checkbox"/> AB Works \$: _____                      |
| <input type="checkbox"/> CPP \$: _____                              | <input type="checkbox"/> Band Funding \$: _____                  |
| <input type="checkbox"/> EI \$: _____                               | <input type="checkbox"/> Grants/Bursaries/Scholarships \$: _____ |
| <input type="checkbox"/> Employment \$: _____                       | <input type="checkbox"/> Loans \$: _____                         |
| <input type="checkbox"/> Income Support \$: _____                   |  |
| <input type="checkbox"/> Other (please list and describe) \$: _____ |  |

**Are you living in a unit that is *accessible* to your physical needs? Yes or No**

If no, please provide details (i.e. unable to do stairs in unit, require wheelchair accessible unit, etc.):

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**Are your current living conditions affecting your health in any other way? Yes or No**

If no, please provide details (i.e. physically, mentally, emotionally, etc.):

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**Please check your housing program preference? (please note that we may not be able to accommodate your preference but will offer a program that best suits your needs)**

- Family Housing    Special Needs (Accessible)    Affordable Housing    Rent Supplement    Seniors

**Please list any other information that you feel is important that has not already been stated:**

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*Please ensure you have answered all of the questions on this application update and that you have attached all supporting documentation for areas you state have changed in order to ensure your application is re-evaluated and your needs assessment is as accurate as possible.*