



## **SENIORS APPLICATION INSTRUCTIONS**

### **INCOME QUALIFICATION REQUIREMENTS:**

#### **To qualify, the applicant must be:**

1. In Core Housing need with a total annual income of \$25,000 or less as a single person or couple (1 bedroom)\*
  - a. Be functionally independent, or
  - b. Functionally independent with the assistance of existing community based services.
  
2. Is comprised of Canadian citizens, Individuals lawfully admitted into Canada for permanent residence, refugees sponsored by the Government of Canada, or individual(s) who have applied for refugee or immigration status and for whom private sponsorship has broken down, and

Tenants rents are based on 30% of the household's adjusted gross income. Income includes but is not limited to:

- i) Alberta Seniors Benefit
- ii) Canada Pension
- iii) Old Age Pension
- iv) Guaranteed Income Supplement
- v) Interest From Other Assets or Investments
- vi) Private Pensions

**PLEASE PROVIDE A COPY OF YOUR INCOME TAX RETURN or NOTICE OF ASSESSMENT with the completed application.**

Applicants 65 or older can apply. Under special circumstances persons 55 years to 64 years can be considered. While preference is given to seniors, Luther and Parkside Manors accept tenants of all ages.

**Please contact us immediately to update your application if there are changes in your household circumstances. Important changes to update could include:**

Loss of Income or change of Income Source, Adding or removing applicant members  
Change of address or contact information, Housing status – are you being evicted?

**Please note that all approved applicants are allocated into a suitable housing program based on the highest need first and then in the order in which the application was received. If we have not contacted you within 90 days and you are still interested in a subsidized housing program, please complete an Update Form available at our administration office or on our website at [www.mhchs.ca](http://www.mhchs.ca)**

**The information provided on this form is collected under the authority of the Alberta Housing Act and will be used to determine and verify the client's eligibility for housing and related Government programs. This information may be transferred to, matched and verified with other parties, agencies, and Governments**

**Please retain these instructions for your information**



**Program Information for Applicants**

**Seniors Self Contained Program**

The Medicine Hat Community Housing Society manages 229 seniors' self-contained housing units within seven buildings in Medicine Hat and Redcliff. These units are in high-rise and low-rise accessible buildings. Two buildings, Luther Manor and Parkside Manor, also house persons under the age of 55 years with special circumstances. Rent is based on 30% of total combined household income. Utilities, Cable and Parking are not included in the rent however are significantly lower than in the private market due to bulk rate costs to the housing society. All tenants are re-evaluated annually to determine continued eligibility and establish a newly calculated rent geared to their income. Tenants are also responsible for advising the MHCHS of income changes when they occur and throughout the year and upon request.

**Building Locations and Contact Information**

**Program Coordinator – Joyce Widmer 403-526-0758**  
**Hours – Monday to Thursday 9:00 a.m. to 1:00 p.m.**

**LUTHER MANOR**  
**922 – 2<sup>nd</sup> STREET SE**  
**Medicine Hat, Alberta T1A 7X2**

**PARKSIDE MANOR**  
**940 – 2<sup>nd</sup> STREET SE**  
**Medicine Hat, Alberta T1A 8A8**

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**Program Coordinator – Sharon Frame 403 527 4507 ext 105**  
**Hours: Monday to Friday 8:00 a.m. to 4:15 pm**

**LEGION MANOR**  
**304 – 2<sup>nd</sup> STREET SE**  
**Medicine Hat, Alberta T1A 0C1**

**MARANATHA VILLA**  
**355 – 8<sup>th</sup> STREET SE**  
**Medicine Hat, Alberta T1A 1L6**

**PRIMROSE VILLA**  
**316 – PRIMROSE DRIVE SE**  
**Medicine Hat, Alberta T1B 3S9**

**SOUTHVIEW MANOR**  
**40 – CAIRNS WAY SE**  
**Medicine Hat, Alberta T1B 1M4**

**REDCLIFF MEMORIAL LEGION MANOR**  
**205 – MAIN STREET**  
**Redcliff, Alberta T0J 2P0**



**SENIORS SELF CONTAINED APPLICATION**

**PERSONAL INFORMATION**

(Primary Applicant) Last Name:	First Name & Middle Initial:	Maiden Name or other name if applicable:
Social Insurance Number:	Home Phone Number: Cell Phone Number:	Work Phone Number:
Date of Birth (year/mo/day):	Gender: (Circle) Female                      Male	Marital Status: (circle one) Married      Single      Divorced Common/Law      Separated
Current Address – Street:	City:	Postal Code:
Mailing Address – If Different From Above:	City:	Postal Code:

**HOUSEHOLD COMPOSITION**

List All people applying under this application, who would be living in the subsidized unit, **not** including the primary applicant listed above:

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 your current accommodation with person(s) **not** applying on this application? (circle)

Yes No If yes? How many **additional** persons not listed above? # of adults \_\_\_\_\_ # of children \_\_\_\_\_

What part of the accommodation is shared? \_\_\_\_\_

**RESIDENCY**

Is your present accommodation a: (circle)

House    Townhouse    Apartment    Multiplex    Shared Accommodation    Roommate    Shelter    Lodge

Rooms in your present accommodation: (circle)

Kitchen    Living Room    Dining Room    Number of Bedrooms: \_\_\_\_\_    Number of Bathrooms: \_\_\_\_\_

How much do you pay for rent?  
\$

Lease expiry date:

How long have you lived there?

How much do you pay for electricity?  
\$

For gas?  
\$

For water?  
\$

Sewer, waste, recycling  
\$

If you do not pay rent, do you contribute financially? Yes No

If yes, provide details:

List accommodation history for the <b>twelve</b> months prior to your current residence:	From	To
Address - including city	Month/year	Month/year
Address:		
Landlord name & phone #:		
Address:		
Landlord name & phone #:		

**If currently renting, have you been given an eviction notice? (circle) Yes No**

If Yes, Date and Time Effective: \_\_\_\_\_ (Attach a copy of Eviction Notice)

## EMPLOYMENT AND INCOME

List **all** sources of income, and monthly amounts, for everyone 15 years of age and older – Please attach proof of income. In all cases, state **GROSS** monthly income (before deductions).

<b>1. Applicant Last Name:</b> _____		<b>First Name:</b> _____	
GST			\$
Employer's Name:		Start Date	\$
AISH	(circle) Yes No Applied	Start Date	\$
Income Supports	(circle) Yes No Applied	Start Date	\$
CPP	(circle) Yes No Applied	Start Date	\$
Retirement Benefits		Start Date	\$
Disability Benefits		Start Date	\$
Survivors/Orphans Benefits		Start Date	\$
Old Age Security	(circle) Yes No Applied	Start Date	\$
Guaranteed Income Supplement	(circle) Yes No Applied	Start Date	\$
Alberta Seniors Benefit	(circle) Yes No Applied	Start Date	\$
Company Pension	(circle) Yes No Applied	Start Date	\$
Spouse Allowance	(circle) Yes No Applied	Start Date	\$
War Veteran Allowance	(circle) Yes No Applied	Start Date	\$
War Disability Pension	(circle) Yes No Applied	Start Date	\$
Other:	\$	Other:	\$
Previous Employer/Income:		Start Date	End Date
Previous Employer/Income:		Start Date	End Date

<b>2. Applicant Last Name:</b> _____		<b>First Name:</b> _____	
GST			\$
Employer's Name:		Start Date	\$
AISH	(circle) Yes No Applied	Start Date	\$
Income Supports	(circle) Yes No Applied	Start Date	\$
CPP	(circle) Yes No Applied	Start Date	\$
Retirement Benefits		Start Date	\$
Disability Benefits		Start Date	\$
Survivors/Orphans Benefits		Start Date	\$
Old Age Security	(circle) Yes No Applied	Start Date	\$
Guaranteed Income Supplement	(circle) Yes No Applied	Start Date	\$
Alberta Seniors Benefit	(circle) Yes No Applied	Start Date	\$
Company Pension	(circle) Yes No Applied	Start Date	\$
Spouse Allowance	(circle) Yes No Applied	Start Date	\$
War Veteran Allowance	(circle) Yes No Applied	Start Date	\$
War Disability Pension	(circle) Yes No Applied	Start Date	\$
Other:	\$	Other:	\$
Previous Employer/Income:		Start Date	End Date
Previous Employer/Income:		Start Date	End Date

## ASSETS AND DEBTS

List the value of the following assets that are applicable or state N/A if not applicable.

Type of Asset	Total Value	Total Income or Interest Received Per Year
Bank Accounts – Savings	\$	\$
Bank Accounts – Chequings	\$	\$
Equity in Real Estate	\$	\$
Guaranteed Investment Certificates (GIC)	\$	\$
Inheritance on Insurance Settlements	\$	\$
Mutual Funds	\$	\$
Net Worth of Business	\$	\$
Retirement Savings Plans (RSP)	\$	\$
Stocks or Bonds	\$	\$
Term Deposits	\$	\$

Do you own a house?	Y	N	Equity in House \$	<i>Please attach a copy of your Mortgage Statement</i>		
Do you own a mobile home?	Y	N	Equity in Mobile Home \$	<i>Please attach a copy of your Chattel Statement</i>		
Do you own/lease a vehicle?	Y	N	Equity \$	Value \$	Monthly Payment \$	Year and Model
Do you own/lease a second vehicle?	Y	N	Equity \$	Value \$	Monthly Payment \$	Year and Model

If you do not own/lease a vehicle, what is your main form of transportation?

List all current debts:		
Who do you owe?	Amount Owed	Monthly Payment

**CONTACTS**

Please list Emergency Contact (Relatives or Friends)	Please List Your Social Worker/Counselor/AISH Worker
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship:	Type of Worker:

**REFERENCES**

Please List Three References (examples: employer, landlord, clergy, volunteer work, etc) <b>*CAN NOT BE FAMILY*</b>	
#1 Name:	Phone Number:
#2 Name:	Phone Number:
#3 Name:	Phone Number:

**MISCELLANEOUS QUESTIONS:**

**Have you ever been a tenant with Medicine Hat Community Housing Society? (circle) Yes No**

**Are you a Canadian citizen? (circle) Yes No** If Yes, Attach a Copy of Immigration papers

**Do you need an interpreter? (circle) Yes No**

**Does anybody in the household require a wheelchair accessible suite? (circle) Yes No**  
If yes, indicate the limitations

**Is anyone in your household unable to do stairs? (circle) Yes No**

**If Yes, Are you currently living in a household with stairs? (circle) Yes No**

***PLEASE NOTE: NO PETS ARE ALLOWED IN ANY MEDICINE HAT COMMUNITY HOUSING SOCIETY UNITS***

**Do you have a pet? (circle) Yes No**

If yes, are you willing to find your pet another home if offered housing? (circle) Yes No

**Have you looked into any resources to assist you during this time? (circle)**

St. Vincent De Paul    Salvation Army Family Support Centre    Veiner Center

Hillcrest Church                      Friends and Family                      Other

**If no income has been reported, indicate what resources you have accessed to possibly secure an income.**

**If you have applied for any income source(s) listed above what is the status of your application?**

**Are you currently searching for work? (circle)    Yes    No**

**Please indicate which building you are interested in and/or prefer See page 2 for building locations**

**Seniors Self Contained**

Luther Manor                      Parkside Manor                      Legion Manor                      Primrose Villa

Maranatha Villa                      Southview Manor                      Redcliff Legion Manor

**ADDITIONAL INFORMATION:**

In order for the Medicine Hat Community Housing Society to more effectively assess your circumstances and determine the most suitable program for your household, please describe the circumstances which have led you to apply. Provide additional information about your current living situation such as temporary or difficult living arrangements, eviction details, if applicable, as well as any special needs such as mental, physical or emotional health and/or specific medical needs and concerns. Also include any additional comments you feel would help provide a complete description of your current circumstances.

**Please Read Carefully:**

I understand that this application does not constitute an agreement on the part of the Medicine Hat Community Housing Society, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the Medicine Hat Community Housing Society, or its agents, at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I/We \_\_\_\_\_ authorize the Medicine Hat Community Housing Society, or its agents, to make any inquiries you deem necessary to verify the facts contained herein by any method of the Medicine Hat Community Housing Society deems necessary, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I agree that it is my responsibility to advise the Medicine Hat Community Housing Society in writing of any changes in family composition, source of income, gross income assets, employment, change of address or any other household changes should they occur.

I further understand that it is my responsibility to contact the housing society within 3 months of applying, and every month thereafter, and that failure to do so will result in the cancellation of my application and the need to reapply.

\_\_\_\_\_  
**Signature of Applicant #1**

\_\_\_\_\_  
**Signature of Applicant #2**

**Do not sign below. This will be signed in the presence of a Commissioner for Oaths**

***STATUTORY DECLARATION***

I/We \_\_\_\_\_ of the City of Medicine Hat in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant on the said application,
2. That the statements made by me in the said declaration are, to the best of my knowledge, information and belief, full and true in all respects; And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me, at the City of Medicine Hat, in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**TIME COMMISSIONED:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant #1**

\_\_\_\_\_  
**Signature of Commissioner For Oaths in and For the Province of Alberta**

\_\_\_\_\_  
**Signature of Applicant #2**

\_\_\_\_\_  
**Commissioner Expiry**



## Medicine Hat Community Housing Society Release of Information Consent Form

Many employers or agencies who furnish assistance and/or benefits (HRDC, Social Services, Employment Insurance, WCB, etc.) will not release information without written consent from the employee or recipient. The Medicine Hat Community Housing Society therefore, requests the following be signed by all persons requesting assistance age 15 years of age or older who are listed in the Social Housing file.

I or We, \_\_\_\_\_ authorize:

- a) The Medicine Hat Community Housing Society, to verify all information relating to this Social Housing file and any future information provided throughout the entire tenancy period. This may include but is not limited to: employers, credit bureaus, financial institutions, federal, provincial or municipal government department, offices, agencies, boards or landlords.
- b) The Medicine Hat Community Housing Society to release and exchange any information and documents including personal information by and between the Medicine Hat Community Housing Society and such other authorities as, but not limited to all federal, provincial, and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers.
- c) The parties/agencies noted in the previous paragraph to release the same such information to the Medicine Hat Community Housing Society.
- d) The Medicine Hat Community Housing Society to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

Applicant: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The MHCHS is authorized to collect this information under Part 2, Division 1, Section 33(1)(g)(i) of the Freedom of Information and Protection of Privacy Act.**



# Medicine Hat Community Housing Society

## DOCUMENTATION REQUIRED IN ORDER TO ACCURATELY REVIEW YOUR FILE:

Required	Received	
		<b>2 Pieces Of Identification (1 Piece of Photo ID) - EVERY MEMBER OF HOUSEHOLD</b> SIN, AB Health Care, Drivers License, Birth Certificates, Etc.
		<b>Alberta Family Employment Tax Credit (AFETC) (Jan &amp; Jul) BASE YEAR: _____</b> 1-800-959-2809
		<b>Alberta Seniors Benefit (Alberta Special Needs Assistance)</b> 1-800-642-3853, T5007
		<b>Assets</b> Mortgage Statement, Car Purchase/Loan Documents, Lump Sum Settlements, etc.
		<b>Assured Income for the Severely Handicapped (AISH)</b> 3 Months AISH Stubs, Notice of Eligibility, 3 Months Bank Statements, T5007
		<b>Bank Statements (3 Most Recent Months) only if requested by MHCHS</b>
		<b>Canada Child Tax Credit (CCTB) (Monthly) BASE YEAR: _____</b> 1-800-387-1193
		<b>Canada Pension Plan (Disability, Death, Orphan's, Retirement, Survivors, etc.)</b> 1-800-277-9914, Notice of Entitlement, 3 Months Bank Statements, T4A ***PLEASE SHOW BREAKDOWN OF EACH DIFFERENT BENEFIT RECEIVED***
		<b>Child Support Custody Arrangement Verification</b> Receipt Book, 3 Months Bank Statements, Court Order, Letter from Parent with Contact Info Maintenance Enforcement 310-0000...780-422-5555 Family Mediation 403-529-3711, Child & Youth Enhancement 403-529-3753
		<b>Company Pension</b> 3 Months Bank Statements
		<b>Employment</b> 3 Months Pay Stubs, T4, Letter of Confirmation (pay, hours, start date, etc.), ROE
		<b>Employment Insurance (EI)</b> 3 Months EI Statements, T4E
		<b>Government of Alberta Payment For Basic Or Extraordinary Maintenance (Family Support for Children with Disabilities, Support For Permanency Agreements, etc.)</b>
		<b>Guaranteed Income Support (GIS)</b> 1-800-277-9914
		<b>GST (January, April, July &amp; October) BASE YEAR: _____</b> 1-800-959-1953
		<b>Immigration, Landed Immigrant Status, Permanent Residency</b> Canada Immigration Center 1-888-242-2100
		<b>Income Supports (SFI)</b> 3 Months SFI Stubs (Must Have <u>ENTIRE</u> Slip – Providing Core Shelter Amount), Notice of Eligibility
		<b>Income Tax Return AND Notice Of Assessment BASE YEAR: _____</b> 1-800-959-8281
		<b>Investment Income/Withdrawals</b> Bank Statements, T5 -Interest from Investments
		<b>Lease/Proof Of Residence</b> Lease, Rent Receipts, Letter from Landlord, Rent Report
		<b>Old Age Security (OAS)</b> 1-800-277-9914, T4A
		<b>Resettlement Assistance Program (RAP)</b>
		<b>Self-Employment</b> Monthly Income/Expense Summary Spreadsheet
		<b>Spousal Support/Allowance/Alimony</b> Receipt Book, 3 Months Bank Statements, Letter from Ex-Spouse with Contact Info Maintenance Enforcement 310-0000...780-422-5555
		<b>Student Loans, Bursaries, Grants, Scholarships, Band Funding</b> Notice of Assessment Letter, Alberta Students Finance 1-800-222-6485
		<b>Utility Statement</b> – If you are responsible for paying utilities, please provide your latest utility statement from your utility provider i.e. City of Medicine Hat
		<b>Worker's Compensation (WCB)</b> 1-800-661-1993

\*\*\*FAILURE TO DO SO MAY AFFECT THE PROCESSING OF YOUR FILE\*\*\*