



Application Instructions

Please note: An Intake Appointment is required when submitting a completed application with all supporting documentation. Please contact the Administration office at 403-527-4507 ext 123 to book an appointment. We are located at: 104, 516 3rd Street SE Medicine Hat, AB T1A 0H3
Office Hours are from 8:00 am to 4:15 pm

Your application cannot be processed if any questions are left unanswered or if any required documentation is not provided. Please ensure you answer all of the questions and provide the following when submitting your application.

1. Picture Identification for primary applicant and all other applicants 15 years of age and older
2. Identification for all other applicants (i.e. birth certificate, AB Health Care Card).
3. Each person(s) **15 years of age and over** who is working must provide 3 months of paystubs or a letter verifying his/her gross monthly earnings or confirmation of school registration.
4. If you are **NOT a Canadian citizen** you must provide immigration papers that indicate your current status. (i.e. refugee, permanent residence, temporary visa)
5. Proper documentation must support any and all income received by your household. Please refer to the document check list (**last page of application**) for any required documentation that could pertain to your household.

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

- o Loss of Income or Change of Income Source
- o Change in Family Size – adding or deleting applicant members
- o Address Change and / or contact information
- o Housing Status – are you being evicted?

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.

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.

INCOME QUALIFICATION REQUIREMENTS:

The Core Need Income Threshold (CNIT) table shows **maximum yearly income levels** allowable in order to qualify; if your household is over you may not qualify:
(Please note: Two children (under 18 years of age of the same gender or under 5 years of age and of opposite gender) would be required to share one room).

Bachelor	1 BDRM	2 BDRM	3 BDRM	4 BDRM	5 BDRM
\$19,500	\$25,000	\$30,000	\$42,000	\$48,000	\$51,000

Applicants for MHCHS must not possess more than \$7,000.00 worth of assets (e.g. home, vehicle, investments, etc.) in order to qualify.

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



Housing Program Information for Applicants

As an applicant, you are encouraged to indicate which program your household prefers. However, please note that the Medicine Hat Community Housing Society will determine which housing program will be selected to best suit your household needs after the initial assessment and approval of your application. Brief descriptions of the housing programs available are as follows:

Community Housing

Family & Special Purpose Housing

Family and Special Purpose housing units are available for households with low or modest incomes. The maximum income per household is dependent upon the number of bedrooms required by the household. The number of bedrooms required is determined by specific criteria developed by the Government of Alberta. Generally, rent is based on 30% of total combined household income and tenants are responsible for electricity costs only. It is essential prior to being allocated that the primary applicant be able to have a utility account with the City of Medicine Hat Utility Department. All family housing and special needs housing 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 and family composition when they occur and throughout the year and upon request.

Affordable or Below Market Housing

Affordable or Below Market Housing refers to rental housing that is provided at a rate substantially below the market average for a similar sized unit. Fixed rents are maintained at approximately 30% less than the private market rental rate and are calculated using average Private Rental Rate statistics provided by the Canada Mortgage and Housing Corporation. These units are available to qualifying households who have stable income and who meet income eligibility requirements.

Private Rent Supplement Program

Rent Geared to Income (RGI) and FIXED

Private rent subsidies are available for participating landlords in the private rental market in order to benefit qualified applicants who meet eligibility requirements and are in need of ongoing financial assistance to pay their rent. This program is geared towards those individuals who may be better suited for the private market or simply prefer to remain in their current residence but financial assistance in order to maintain their housing. Tenants who require a rent subsidy will pay their landlord a more affordable rent based on 30% of their household income or a reduced amount. The housing society issues a monthly subsidy to the landlord for the balance of the private market rent. Qualified recipients are obligated to sign a lease agreement with a private landlord and abide by the rules and regulations established by their landlord. They are not tenants with the housing society however, are re-evaluated on an annual basis to determine continued eligibility. All private market rental units are subject to an inspection to ensure they meet minimum health and safety standards.

Direct Rent Supplement (DRS)

Unlike the RGI and Fixed programs, the DRS subsidy is provided directly to the recipient. The landlord is not involved in this type of subsidy program. Applicants who qualify for this program will receive a monthly rental subsidy to assist them with paying their rent. Generally, recipients must pay 30% of their income towards their monthly rent and the program will pay the balance of the rent owing provided that it does not exceed the allowable maximum according to their needs. Some rental units are subject to inspection to ensure that minimum health and safety standards are being met.



Medicine Hat Community Housing Society



STANDARD 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? _____

Is anyone in the household pregnant? (circle) Yes No

If Yes, Due Date: _____ (Attach a Copy of Doctor's Note)

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 \$

Current Landlord name and phone #:

If you do not pay rent, do you contribute financially? Yes No
 If yes, provide details:

List 2 previous accommodation history 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).

1. Applicant Last Name: _____			First Name: _____		
GST \$		CCTB \$		AFETC \$	
Employer's Name:			Start Date		\$
AISH	(circle)	Yes	No	Applied	Start Date
Income Supports	(circle)	Yes	No	Applied	Start Date
EI	(circle)	Yes	No	Applied	Start Date
Child Support	(circle)	Yes	No	Applied	Start Date
Spousal Support	(circle)	Yes	No	Applied	Start Date
CPP	(circle)	Yes	No	Applied	
Retirement Benefits			Start Date		\$
Disability Benefits			Start Date		\$
Survivors/Orphans Benefits			Start Date		\$
Student Income			(circle)	Yes	No
Grants, Bursaries, Scholarships, etc.			Start Date		\$
Loans			Start Date		\$
Other:	\$	Other:		\$	
Previous Employer/Income:			Start Date		End Date
Previous Employer/Income:			Start Date		End Date
Describe Employment Skills and Trades:					
What is the highest level of education received?					

2. Applicant Last Name: _____			First Name: _____		
GST \$		CCTB \$		AFETC \$	
Employer's Name:			Start Date		\$
AISH	(circle)	Yes	No	Applied	Start Date
Income Supports	(circle)	Yes	No	Applied	Start Date
EI	(circle)	Yes	No	Applied	Start Date
Child Support	(circle)	Yes	No	Applied	Start Date
Spousal Support	(circle)	Yes	No	Applied	Start Date
CPP	(circle)	Yes	No	Applied	
Retirement Benefits			Start Date		\$
Disability Benefits			Start Date		\$
Survivors/Orphans Benefits			Start Date		\$
Student Income			(circle)	Yes	No
Grants, Bursaries, Scholarships, etc.			Start Date		\$
Loans			Start Date		\$
Other:	\$	Other:		\$	
Previous Employer/Income:			Start Date		End Date
Previous Employer/Income:			Start Date		End Date
Describe Employment Skills and Trades:					
What is the highest level of education received?					

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

If you have applied for Income Support, AISH, and/or EI what is the status of your claim?

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

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)	\$	\$
Savings Certificate	\$	\$
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) *CAN NOT BE FAMILY*	
#1 Name:	Phone Number:
#2 Name:	Phone Number:
#3 Name:	Phone Number:

MISCELLANEOUS QUESTIONS:

Have you ever applied with Medicine Hat Community Housing Society? (circle) Yes No

If YES, which program(s) did you apply for and when? (Circle all that apply and indicate date)

Family _____ / Transitional _____ / Seniors _____ / Special Needs _____
month, year month, year month, year month, year

Fixed Rent _____ / Rent Geared to Income _____ / Direct Rent Supplement _____
month, year month, year month, year

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

If yes, list the address and date you vacated _____

Do you have a valid driver's license? (circle) Yes No

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

Do you need an interpreter? (circle) Yes No If Yes, Name & Phone #: _____

Does anyone in your household have physical limitations and/or medical conditions that we should be aware of (for example, 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

Do you have any mental health issues that we should be made aware of?

Do you have any legal issues pending that we should be made aware of?

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

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

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

St. Vincent De Paul Phoenix Safe House Salvation Army Family Support Centre
Hillcrest Church Friends and Family Other

Do you have any formal community supports (agency, groups and / or organizations) in place? If so, could you provide details?

Please indicate which program you are interested in and/or prefer See page 2 for program descriptions (circle)

Community Housing

Family & Special Purpose Housing Affordable or Below Market Housing

Please specify neighborhood preference (circle)

Crescent Heights Crestwood Southridge Flats
Northlands Southlands Southview Ross Glen

Private Market Rent Supplement

RGI & FIXED DRS

OFFICE USE ONLY - NOTES:

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 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 damage or otherwise, any acceptance or approval of this application previously made or given.

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

FAILURE TO DO SO MAY AFFECT THE PROCESSING OF YOUR FILE