

SENIOR APPLICATION INSTRUCTIONS

QUALIFICATION REQUIREMENTS to qualify, the applicant must:

1. Have a total annual income of **\$31, 500 or less** as a single person or couple (1 bedroom) and be either:
 - a. Be functionally independent
 - b. Functionally independent with the assistance of existing community based services.
2. Be comprised of Canadian Citizens, individuals lawfully admitted to 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 been initiated.

Tenants rents are based on 30% of the households adjusted gross income. Income includes (but is not limited to):

- Canada Pension Plan
- Old Age Security including Guaranteed Income Supplement
- Alberta Senior Benefits
- Interest from Other Assets or Investments
- Private Pensions

Applicants 65 or older can apply, individuals who are 55 to 64 years old may be considered under special circumstances.

Please provide a copy of your income tax return or notice of assessment with your completed application.

ONCE YOUR INFORMATION HAS BEEN SUBMITTED

All approved applicants will be offered a suitable housing program based on the highest need first and then in the order in which the application was received. What is the next step?

1. If you have not been offered assistance in 90 days and you are still interested in subsidized housing, please contact the MHCHS office to 'Check In'.
2. If there are changes in your household circumstance, please contact the MHCHS office to get an Update Form to report the changes. Some changes will affect your position on the waitlist. Important changes include (but are not limited to):
 - a. Loss of income or change in income sources
 - b. Adding or removing applicant members
 - c. Address/contact information changes
 - d. Housing Status – are you being evicted?

HOUSING PROGRAM INFORMATION FOR APPLICANTS

The MHCHS manages 228 seniors' self-contained housing units with seven buildings in Medicine Hat and Redcliff. These units are high-rise and low-rise accessible buildings. Luther Manor and Parkside Manor also house persons under the age of 55 years under special circumstances. Rent is based on 30% of total combined household income. Utilities, cable and parking are not included in the rent but the MHCHS's bulk pricing advantage allows for a significantly lower cost. Tenants are re-evaluated annually to determine their continued eligibility. Tenants are responsible for advising the MHCHS of income changes when they occur and throughout the year (only upon request).

BUILDING LOCATIONS & CONTACT INFORMATION

Seniors Program Information 403.527.4507 Office: Mon-Fri 8:00am-4:15pm	Luther Manor 922 – 2 nd St. SE Medicine Hat, AB T1A 7X2	Parkside Manor 940 – 2 nd St. SE Medicine Hat, AB T1A 8A8	Southview Manor 40 Cairns Way SE Medicine Hat, AB T1B 1M4
Legion Manor 304 – 2 nd St. SE Medicine Hat, AB T1A 0C1	Maranatha Villa 355 – 8 th St. SE Medicine Hat, AB T1A 1L6	Primrose Villa 316 Primrose Dr. SE Medicine Hat, AB T1B 3S9	Redcliff Memorial Legion Manor 205 Main St. Redcliff, AB T0J 2P0

*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 applicants' eligibility for housing and related Government programs. This information may be transferred to and matched with other parties, agencies and the Government.

Please retain these instructions for your information.

SENIOR APPLICATION

(Primary Applicant) Last Name:	First Name & Middle Initial:	Maiden Name or other name if applicable:
Social Insurance Number:	Home Phone Number:	Cell Phone Number:
Date of Birth (YY/MM/DD)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married / Common Law <input type="checkbox"/> Divorced / Separated
Email:		

Current Address:	City:	Postal Code:
Mailing Address if different from above:	City:	Postal Code:

HOUSEHOLD COMPOSITION

List all individuals applying on this application who will be living in the subsidized unit, not including the primary applicant listed above.

Last Name	First Name	Gender	Birthdate (YYYY/MM/DD)	Relationship to applicant	Currently living w/applicant? Y/N

RESIDENCY

<p>Which best describes your current residence?</p> <p> <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Lodge <input type="checkbox"/> Shared <input type="checkbox"/> Shelter <input type="checkbox"/> Apartment <input type="checkbox"/> Multiplex <input type="checkbox"/> Roommate </p>	<p>The place where I am living has...</p> <p>_____ Number of bedrooms in the unit/home.</p>
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How much to you pay in rent? \$ _____ /month	Lease expiry date:	How long have you lived there?	If you don't pay rent, do you contribute financially? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you pay for: Electricity? <input type="checkbox"/> YES <input type="checkbox"/> NO	Gas? <input type="checkbox"/> YES <input type="checkbox"/> NO	Water? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sewer, Waste & Recycling? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide details:			

List your **TENANT HISTORY** for the **12-month** period prior to living in your residence:

Address – including City	From: Month/Year	To: Month/Year
1) Address:		
Landlord name & phone #:		
2) Address:		
Landlord name & phone #:		

EMPLOYMENT & INCOME

List all current sources of income (monthly amounts) for everyone 15 years of age and older. In all cases, state **gross monthly income** (income amount before deductions). *Attach proof of income.*

Applicant #1 Last Name:		First Name:	
Income Type	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving
GST (Paid in July, Oct, Jan, April)			\$
AISH			\$
Income Supports			\$
CPP Retirement Benefits			\$
CPP Disability Benefits			\$
CPP Survivors/Orphans Benefits			\$
Old Age Security			\$
Guaranteed Income Supplement			\$
Alberta Seniors Benefits			\$
Company Pension			\$
Spousal Support			\$
War Veteran Allowance			\$
War Veteran Pension			\$
Employment:			\$
Other Income Supports			\$
Other (Describe):			\$
Describe Employment Skills and Trades:			

Applicant #2 Last Name:		First Name:	
Income Type	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving
GST (Paid in July, Oct, Jan, April)			\$
AISH			\$
Income Supports			\$
CPP Retirement Benefits			\$
CPP Disability Benefits			\$
CPP Survivors/Orphans Benefits			\$
Old Age Security			\$
Guaranteed Income Supplement			\$
Alberta Seniors Benefits			\$
Company Pension			\$
Spousal Support			\$
War Veteran Allowance			\$
War Veteran Pension			\$
Employment:			\$
Other Income Supports			\$
Other (Describe):			\$
Describe Employment Skills and Trades:			

ASSETS

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/Year
Bank Account – Savings	\$	N/A
Bank Account – Chequing	\$	N/A
Bank Account – Other	\$	N/A
Equity in Real Estate	\$	\$
Guaranteed Investment Certificate (GIC)	\$	\$
Inheritance on Insurance Settlements	\$	\$
Mutual Funds	\$	\$
Net Worth of Business	\$	\$
Retirement Savings Plan	\$	\$
Savings Certificate	\$	\$
Stocks or Bonds	\$	\$
Term Deposits	\$	\$
Total	\$	\$

Does anyone in your household:

Own a house? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity in House: \$	<i>Please attach a copy of your Mortgage Statement</i>	
Own a Mobile Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity in Mobile Home: \$	<i>Please attach a copy of your Chattel Statement</i>	
Own/Lease a Vehicle? <input type="checkbox"/> YES, Lease <input type="checkbox"/> NO <input type="checkbox"/> YES, Own	Equity: \$	Value: \$	Monthly Payment: \$
Is there a 2 nd Vehicle in your household? <input type="checkbox"/> YES, Lease <input type="checkbox"/> NO <input type="checkbox"/> YES, Own	Equity: \$	Value: \$	Monthly Payment: \$
If you do not own/lease a vehicle, what is your main form of transportation?			

CONTACTS

Emergency Contact (e.g. Relative or Friend)	Please list your Social Worker/Counselor/AISH Worker
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship:	Type of Worker:

REFERENCES

List Three References (e.g. Employer, Landlord, Clergy, Volunteer Work, etc.). Cannot be a member of your family.

1.Name & Reference Type:	2.Name & Reference Type:	3.Name & Reference Type:
Phone Number:	Phone Number:	Phone Number:

ADDITIONAL INFORMATION

1) If you are currently renting, have you been given an eviction notice? YES NO

If YES, please attach a copy of eviction notice.

2) Have you previously applied to the Medicine Hat Community Housing Society? YES NO

3) Is everyone in your household a Canadian Citizen? YES NO

If NO, please attach a copy of Immigration Papers showing immigration status

4) Do you need an interpreter? YES NO

If YES, Name: _____ Phone Number: _____

5) Does anyone in your household have physical or mobility limitations and/or medical conditions that the MHCHS should be aware of? YES NO

If YES, please indicate your limitations: _____

6) Is your housing unsafe or does it cause health problems for anyone? YES NO

If YES, please explain: _____

7) Have you or anyone in your household graduated from a Housing First Program? YES NO

8) Have you recently left or are currently in a difficult living arrangement? YES NO

If YES, please explain: _____

Have you looked into any other resources that may assist you during this time?

Resources	YES	NO	Type of Assistance (Rent, Utilities, Food, Etc.)
St. Vincent De Paul			
Salvation Army			If YES: Shelter or Resource Centre
Hillcrest Family Church			
Friends/Family			
Medicine Hat Women's Shelter			
Income Supports			
Medicine Hat Community Housing Society – Outreach Department			

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

How much notice would your current landlord require if you were offered a MHCHS unit? _____

Do you have limitations requiring you to live in a specific area of the city? YES NO If YES, please explain:

Do you have a pet? YES NO

If YES, are you willing to find your pet a new home if you are offered a unit? YES NO

- Please note that pets are not permitted in any Medicine Hat Community Housing Society units.

OFFICE USE ONLY:



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 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 to verify the facts contained herein by any method deemed 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, and change of address or any household changes should they occur.

I further understand that it is my responsibility to contact the housing society within three months of applying, and at least every three months 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 section 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/We am/are the applicant(s) on the said application.
2. That the statements made by me/us in the said declaration are, to the best of my/our knowledge, information and belief, full and true in all respects; I/We 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 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 (ESDC, 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/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, City of Medicine Hat Utility 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.

<p>Applicant #1: _____</p> <p style="text-align: center;">Printed Name</p> <p>_____</p> <p style="text-align: center;">Signature</p>	<p>_____</p> <p style="text-align: center;">Social Insurance Number</p> <p>_____</p> <p style="text-align: center;">Date</p>
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<p>Applicant #2: _____</p> <p style="text-align: center;">Printed Name</p> <p>_____</p> <p style="text-align: center;">Signature</p>	<p>_____</p> <p style="text-align: center;">Social Insurance Number</p> <p>_____</p> <p style="text-align: center;">Date</p>
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The Medicine Hat Community Housing Society is authorized to collect this information under Part 2, Division 1, Section 33, © of the Freedom of Information and Protection of Privacy Act.

DOCUMENTATION REQUIRED IN ORDER TO ACCURATELY REVIEW YOUR FILE

Required	Received	
X		2 Pieces of Identification (1 piece must be photo ID) for each individual in the household (e.g. SIN, AB Health Care Card, Driver's License, Birth Certificate, etc.)
		Alberta Seniors Benefit (Alberta Special Needs Assistance) 1.800.642.3853, T5007
		Assets – Mortgage Statement, Vehicle 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 Pension Plan (Disability, Death, Orphan's, Retirement, Survivors, etc.) 1.800.277.9914 Notice of Entitlement, 3-months Bank Statements, T4A *Show a breakdown of each benefit received
		Child Support Custody Arrangement Verification – Receipt Book, 3-months Bank Statements, Court Order, Letter from Parent w/contact info, Maintenance Enforcement 403.310.0000 or 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
		Immigration, Landed Immigrant Status, Permanent Residency Canada Immigration Center 1.888.242.2100
		Income Supports (SFI) 3-months SFI Stubs (Must have <i>ENTIRE</i> Slip – providing core shelter amount) and Notice of Eligibility
		Income Tax Return & Notice of Assessment BASE YEAR: 1.800.959.8281 (Seniors or Self Employed Persons Only)
		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 w/contact info – Maintenance Enforcement – 403.310.0000/780.422.5555
		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
*Your file can only be processed if you provide all required documentation as shown above		

MHCHS Office - #104, 516 – 3rd St. SE, Medicine Hat, AB T1A 0H3
P: 403.527.4507 F: 403.526.3163 Email: info@mhchs.ca Website: mhchs.ca