

APPLICATION UPDATE FORM

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

Date:	(Primary Applicant) Last Name:	First Name & Middle Initial:
Home Phone Number:	Cell Phone Number:	Emergency Phone Number:
Current Address:	City:	Postal Code:

Have you moved? YES NO If YES, move in date: _____ Lease expiry: _____

List all other household members:

Last Name	First Name	Gender	Birthdate (Y/M/D)	Relationship to applicant	Currently living w/applicant? Y/N

Are you sharing any part of your current accommodation with person(s) not applying on this application?

YES NO If YES, How many additional persons not listed above?
#of Adults _____ #of Children _____

List and explain what part of the accommodation is shared (list age and gender of any individuals sharing a bedroom):

Are you being evicted? YES NO If YES, explain why and provide a copy of the eviction notice:

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

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

#of Bedrooms: _____ Rent amount: \$ _____ Are all utilities included? YES NO
If NO, check utilities NOT included: Electricity Gas Water Sewer Solid Waste Recycling

Are you living in a unit that is accessible to your physical needs? YES NO

If NO, please provide details:

Are your current living conditions affecting your health in any other way? YES NO

If YES, please provide details (i.e. concerns with the safety/ healthiness of the property.):

Please turn over to complete page 2 →

Total monthly income (gross income before taxes): \$ _____

Check all income sources and enter amounts (provide supporting documentation):			
AISH \$:		EI \$:	Child Support \$:
AB Works \$:		Employment #1 \$:	AB Works Learners Grant \$:
Company Pension \$:		Employment #2 \$:	Band Funding \$:
Spousal Support \$:		Employment #3 \$:	Student Grants/Bursaries/Scholarships \$:
CPP \$:		Line 150 Tax Return (Seniors only) \$:	Student Loans \$:
GST (quarterly)\$		CCB\$	ACB (Alberta Child Benefit –quarterly)\$
AFETC\$		Alberta Carbon rebate(quarterly)\$	Other_____ \$
Does your household receive assistance with medical costs from Alberta Adult Health Benefit (AAHB)?			

Please check your housing program preference. (note, the MHCHS may not be able to accommodate your preferences, but will offer a program that best suits your needs)

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

Does your household contain a pet? Yes NO

If **YES** are you willing to rehouse your pet if you were to be offered housing? YES NO

Please note: No pets are allowed in any Medicine Hat Community Housing Units

Please list any other information that you feel is important and has not been stated previously:

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