

Request For Rent Adjustment

Request for rent adjustment

Month _____

Date _____

In the matter of the lease for a housing unit from Medicine Hat Community Housing Society, described as:

Complete Street Address (including Suite Number if applicable)

Home phone or Cell

I, _____, of Medicine Hat, in the Province of Alberta, do solemnly declare that the following particulars are true: Our/My total **gross** income from **all sources** at present are as follows: (Please attach Income Verification)

Employer:	Gross Income (before tax deductions) Received: \$ _____
Income Supports/Core Shelter or AAHB (\$1.00 for medical benefits coverage):	Amount Received \$ _____
AISH and CPP:	Amount Received \$ _____
Employment Insurance:	Amount Received \$ _____
Other (please specify):	Amount Received \$ _____
Child Support:	Amount Received \$ _____
Tax Benefits (check all that apply) <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> GST <input type="checkbox"/> AFETC	Has there been a change in the number of people in your household? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details: _____ Number of people in the household: # of Children: _____ # of Adults: _____

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.

Leaseholder's Signature

Declared before me at the City of Medicine Hat in the Province of Alberta, on this, _____ day of _____, 20____.

Commissioner of Oaths in and for the Province of AB

Appointment Expires (Stamp Here)