

STANDARD APPLICATION INSTRUCTIONS

1. **Fill out the attached application form.** Your application can only be processed if all questions are answered.
2. Provide the following **documentation**:
 - Each person(s) **22 years of age and over** will need to provide the most current Notice of Assessment from Canada Revenue Agency or current income information if the Notice of Assessment does not represent the current income accurately
3. Photo Id is required for adults in the household, to be viewed at time of signing the Statutory Declaration.
4.
 - If you are **NOT a Canadian citizen**, you must provide immigration papers that indicate your status. Households must be 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 broken down.
 - Proper documentation must support any and all income received by your household. Please refer to the Documentation Checklist for required documentation that could pertain to your household.
5. **Submit Application.** Please submit completed application and supporting documents to the MHCHS office located at #104, 516-3rd St. SE, Medicine Hat between the hours of 8:00am-12:00pm and 1:00pm-4:15pm Monday-Friday.

ONCE YOUR INFORMATION HAS BEEN SUBMITTED

1. **Your application will be reviewed for eligibility.**
2. **You will receive a letter informing you of your eligibility status.**
3. **If eligible, your household is added to the waitlist for all approved programs.**
4. **What do I do now?**
 - a. If you have not been contacted within 90 days and you are still interested in a housing program, please contact the MHCHS office to 'Check in'. Failure to 'Check in' may result in your application being cancelled.
 - b. If there are changes in your household circumstances, please contact the MHCHS office to complete an Update Form to report the changes. Some changes will affect your position on the waitlist.

Some of those changes include (but are not limed to):

 - Loss of income or change in income sources.
 - Change in family size – adding or removing applicant members.
 - Address/contact information changes.
 - Housing status – are you being evicted?

INCOME QUALIFICATION REQUIREMENTS

The Income Threshold table shows **maximum yearly income levels** allowable to qualify. (Note: Two children under 18 years of age, of the same gender, or under 5 years of age and of opposite gender will be required to share one room).

Medicine Hat	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
	\$31,000	\$34,500	\$37,000	\$48,500	\$54,000

Applicants may not possess more than \$25,000 in assets (e.g., home, vehicle, investments, etc.) 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.

DOCUMENTATION CHECKLIST

Please ensure all required supporting documents are included with your application.
 Please note your application may not be processed if supporting documents are not included.
 Below are examples of commonly required documents. Should you have income that is not listed please include supporting documents for those income sources.

IDENTIFICATION

Required	Received	
		2 Pieces of Identification (1 must be photo ID) for everyone 18 yrs. of age or older in the household 1 Piece of ID for each dependent under the age of 18 (e.g. SIN, AB Health Care Card, Driver's License, Birth Certificate, etc.)
		Immigration, Landed Immigrant Status, Permanent Residency Canada Immigration Center 1.888.242.2100

INCOME

Required	Received	
		Alberta Works Assistance (Income Support) 3-months of Stubs (Must have <i>ENTIRE</i> slip – showing Core Shelter amount), Notice of Eligibility
		Assured Income for the Severely Handicapped (AISH) 3-months AISH Stubs, Notice of Eligibility
		CERB, CRB, CRCB –Benefit statement from Service Canada
		Child Support Custody Arrangement Verification – Court Order, Letter from Parent w/contact info, MEP statement
		Company Pension
		CPP - (Disability, Death, Orphan's, Retirement, Survivors, etc.) 1.800.277.9914 Letter showing of Entitlement
		Employment – 3-months Pay Stubs, Letter of Confirmation (pay, hours, start date, etc.)
		Employment Insurance (EI) –Benefit statement from Service Canada showing (Gross) Regular Weekly Benefit
		Government of Alberta Payment for Basic or Extraordinary Maintenance (Family Support for Children with Disabilities, Support for Permanency Agreements, etc.)
		Resettlement Assistance Program (RAP) – Confirmation of financial support
		Self-Employment – Monthly Income/Expense Summary Spreadsheet or T1A Tax package showing NET business income
		Spousal Support/Allowance/Alimony – Court Order, Letter from Payee w/contact info, MEP statement
		Student Grants, Band Funding Notice of Assessment Letter – Alberta Student Finance - 1.800.222.6485
		Worker's Compensation (WCB) – 1.800.661.1993

ASSETS

Required	Received	
		Assets – Mortgage Statement, Vehicle Purchase/Loan Documents, Lump Sum Settlements, etc.

RESIDENCE

Required	Received	
		Lease/Proof of Residence – Lease, Rent Receipts, Letter from Landlord, Rent Report
		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)



STANDARD APPLICATION

(Primary Applicant) Last Name:	First Name & Middle Initial:	Maiden Name or other names used: (if applicable):
Social Insurance Number (optional):	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 Address:		
Current Address:	City:	Postal Code:
Mailing Address if different from above:	City:	Postal Code:

HOUSEHOLD MEMBERS

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

If you require more spaces, please list additional members on page 5.

Do your children live with you full time? YES NO

If NO, provide supporting documents for Joint/Shared Custody.

Is anyone in the household pregnant? YES NO

If YES, Due Date: _____
(Attach a copy of the Doctor's Note or Advocacy Letter)

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> <p>My family uses _____ (Number of bedrooms).</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).
Supporting documents are required for any type of income being received to review the application for waitlist placement.

Applicant #1 Last Name: First Name:				#2 Last Name: First Name:			#3 Last Name: First Name:		
Income Type	Start Date YY/MM/DD	End Date YY/MM/DD	Amount Receiving	Start Date YY/MM/DD	End Date YY/MM/DD	Amount Receiving	Start Date YY/MM/DD	End Date YY/MM/DD	Amount Receiving
AISH			\$			\$			\$
Income Support / AB Works			\$			\$			\$
CPP Benefits _____			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Employment (Name employer):			\$			\$			\$
EI Benefits			\$			\$			\$
Spousal Support			\$			\$			\$
AB Works Learners Benefits			\$			\$			\$
Federal/Provincial Student Income (Grants, Band Funding.)			\$			\$			\$
Resettlement Assistance Program (RAP)			\$			\$			\$
Other (Describe):			\$			\$			\$
Other (Describe):			\$			\$			\$
Child Support*									
GST quarterly*:			\$			\$			\$
CCB monthly*:			\$			\$			\$
AFTEC semi annual*:			\$			\$			\$
ACFB quarterly*:			\$			\$			\$
Total			\$			\$			\$

* These income amounts are used for research purposes

ASSETS

List the value of the following assets that are applicable or state N/A if not applicable. Please state a total value of assets for everyone in the household that is over 22 years old.

Type of Asset	Total Value (at application date)	Total Income or Interest Received/Year
Bank Account – Savings	\$	N/A
Bank Account – Chequing	\$	N/A
Equity in Real Estate	\$	\$
Guaranteed Investment Certificate (GIC)	\$	\$
Inheritance or Insurance Settlements	\$	\$
Mutual Funds	\$	\$
Net Worth of Business	\$	\$
Retirement Savings Plan	\$	\$
Savings Certificate	\$	\$
Stocks or Bonds	\$	\$
Term Deposits	\$	\$
Other (Describe):	\$	\$
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: \$ Year and Model:
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: \$ Year and Model:
Own a recreational vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equity: \$	Value: \$	Monthly Payment: \$ Year and Model:
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 or friend.		
1.Name:	2.Name:	3.Name:
Reference Type:	Reference Type:	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 paperwork showing immigration status.

Please state what type of immigration status for all members of the household on page 5 of application form.

4) Do you need an interpreter? YES NO

If YES, Name: _____ Phone #: _____

5) Does anyone in your household have physical or mobility limitations, and/or medical needs that are not able to be met in your current residence? YES NO

If YES, please explain: _____

What is the number of stairs / steps you can safely manage? _____

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

If YES, please explain: _____

7) Which of the following groups do you identify as (please check any that apply to your household):

- | | |
|---|---|
| <input type="checkbox"/> Indigenous People | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Youth exiting government care | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Racialized groups | <input type="checkbox"/> Recent immigrants and refugees |
| <input type="checkbox"/> People who identify with diverse concepts of sexual orientation, gender identity and expression such as LGBTQ2+ etc. | |

If you identify with any or all, of the following, please include the supports or services your household has accessed:

People at risk of homelessness or are transitioning out of homelessness supports*
Supports or Services accessed: _____

People dealing with mental health and addictions*
Supports or Services accessed: _____

People fleeing violence *
or Services accessed: _____

Supports

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 tenant or guest pets are not permitted at Medicine Hat Community Housing Society properties. Without prior written consent from MHCHS Management.

Have you accessed any other resources that may assist you during this time?			
Resources	YES	NO	Type of Assistance (Rent, Utilities, Food, Etc.)
St. Vincent De Paul			
Mustard Seed / 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			
Other:			

Please list any additional household members not listed on page 1

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

Please list Immigration status of all household members (if applicable)

Name	Immigration Status (ex. Perm Resident, Work visa, convention refugee Refugee Claimant etc.)

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 _____

Signature of Applicant #1

Signature of Commissioner for Oaths and
for the Province of Alberta

Signature of Applicant #2

Commissioner Expiry

I, _____ of The Medicine Hat Community Housing Society, did observe photo ID for the individual(s) listed above, prior to completing the Statutory Declaration above.

I, _____ of The Medicine Hat Community Housing Society, have the knowledge to confidently identify the individual(s) listed above, without need to observe photo ID prior to completing the Statutory Declaration above.

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.

Client #1:		
	Printed Name	Social Insurance Number
	Signature	Date

Client #2:		
	Printed Name	Social Insurance Number
	Signature	Date

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.