

## 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**:
  - Picture Identification for primary applicant and any members 18 yrs. of age or older .
  - Identification for all applicants (i.e. Birth Certificate, AB Health Care Card).
  - Each person(s) **15 years of age and over** who is working must provide 3 months of paystubs or a letter verifying their gross monthly earnings. If the individual is in school, a confirmation of school registration must be provided.
  - 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.
3. **Submit Application.** Please submit completed application and supporting documents to the MHCHS office located at #104, 516-3<sup>rd</sup> St. SE, Medicine Hat between the hours of 8:00am-12:00pm and 1:00pm-4:15pm Monday-Friday.

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

## INCOME

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

For individuals over the age of 65 please provide the most recent Notice of Assessment

## ASSETS

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

## RESIDENCE

Required	Received
	<p><b>Lease/Proof of Residence</b> – Lease, Rent Receipts, Letter from Landlord, Rent Report</p>
	<p><b>Utility Statement</b> – If you are responsible for paying utilities, please provide your latest utility statement from your utility provider (i.e., City of Medicine Hat)</p>



## 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

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

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/MMM/DD	End Date YY/MMM/DD	Amount Receiving	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving	Start Date YY/MMM/DD	End Date YY/MMM/DD	Amount Receiving
AISH			\$			\$			\$
Income Support / AB Works			\$			\$			\$
CPP Benefits _____			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Employment (Name employer):			\$			\$			\$
EI Benefits			\$			\$			\$
Child Support			\$			\$			\$
Spousal Support			\$			\$			\$
AB Works Learners Benefits			\$			\$			\$
Federal/Provincial Student Income (Grants, Band Funding.)			\$			\$			\$
Resettlement Assistance Program (RAP)			\$			\$			\$
Other (Describe):			\$			\$			\$
Other (Describe):			\$			\$			\$
GST quarterly (Optional):			\$			\$			\$
CCB monthly (Optional):			\$			\$			\$
AFTEC semi annual (Optional):			\$			\$			\$
ACFB quarterly (Optional):			\$			\$			\$
<b>Total</b>			\$			\$			\$

# 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 15 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):	\$	\$
<b>Total</b>	\$	\$

## 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 <sup>nd</sup> 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.). <b>Cannot be a member of your family or friend.</b>		
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) **Have you or anyone in your household graduated from a Housing First Program in the past 2 years?**  YES  NO  
 If YES, please list the individual's name(s): \_\_\_\_\_
- 8) **Have you recently left or are currently in a difficult living arrangement?**  YES  NO  
 If YES, please explain: \_\_\_\_\_

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:			

**Do you have any formal community supports (agency, groups and/or organizations) helping you?** 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 tenant or guest pets are not permitted at Medicine Hat Community Housing Society properties. Without prior written consent from MHCHS Management.

**Please list any additional household members not listed on page 1**

Last Name	First Name	Gender	Birthdate (YYYY/MM/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.



