

Complete all fields on both pages. 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:
Phone Number:	Emergency Phone Number:	Email:
Current Address:	City:	Postal Code:

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

List all other household members (if you require more spaces please use the extra space provided on page 3):

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

Do your children live with you full time? YES NO If NO, provide supporting documents for Joint/Shared Custody

of Bedrooms: _____ Rental Amount: \$ _____ Are all utilities included? YES NO

If NO, check utilities NOT included: Electricity Gas Water Sewer Solid Waste Recycling

The place where I am living has...
 _____ Number of bedrooms in the unit/home. My family uses _____ (Number of bedrooms).

Which best describes your current residence?

House Townhouse Lodge Shared/Temporary
 Shelter Apartment Multiplex Roommate

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

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

If NO, please provide details: _____

Are your current living conditions unsafe or causing health problems in any other way? YES NO

If YES, please provide details: _____

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

If YES, please briefly explain: _____

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

Check all income sources and enter amounts (provide supporting documentation):			
AISH: \$		EI (before taxes): \$	Child Support: \$
AB Works: \$		Employment #1 (before taxes): \$	AB Works Learners Grant: \$
CPP: \$		Employment #2 (before taxes): \$	Band Funding: \$
Spousal Support: \$		Employment #3 (before taxes): \$	Student Grants/Bursaries/Scholarships: \$
Company Pension: \$		Line 150 Tax Return (Seniors Only): \$	Other: _____ \$
Other: _____ \$		Other: _____ \$	Optional: GST (quarterly): \$
Optional: CCB (monthly): \$		Optional: AB Child Benefit (quarterly): \$	Optional: AFETC (semi-annual): \$

Would you accept a MHCHS unit? YES NO

Would you accept a Rent Subsidy in a private market unit? YES NO

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:

Are you only interested in financial help with the rent where you live? YES NO

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:** Pets are **NOT** permitted in any Medicine Hat Community Housing Society units.

List all other 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

Office Use Only:

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