



Date: _____

Application Number: _____

Re: Application for Housing and/or Subsidy - Update

We currently have your application on our waiting list. If you are still interested in our program(s), please complete this form in ink and return it to our office at the address noted above. Please do not write in the shaded areas marked 'For Office Use Only'.

Home Address:

Mailing Address:

Postal Code

Telephone Numbers: Home (_____) _____
Work (_____) _____ Cell (_____) _____

Names and Birthdates of Household Members who are applying:

yy - mm - dd

yy - mm - dd

yy - mm - dd

yy - mm - dd

yy - mm - dd

Current Housing Information:

- apartment townhouse motel/hotel rooming house
- house group home living with friends or family (shared)
- other _____ (Note: Rental subsidies cannot be placed on basement suites in houses unless the suites have been approved by the municipality. Subsidies can only be applied to self-contained suites: group homes, rooming houses & shared accommodation do not qualify.)

Rent or Mortgage: \$ _____ per month (List only room amount if this is a room and board situation.)

Utilities included: power heat water

Number of bedrooms you & your family occupy: _____

Dates of occupancy: from _____ to _____
(move in date) (move out date/present)

Pest infestations: Bedbugs Cockroaches Mice None

If someone in your family uses a wheelchair or scooter, is your housing accessible for them? Yes No Not needed

Name and Telephone Number of Current Landlord:

*** Do you rent from Boardwalk Equities? Yes No

Reason you are applying for housing or subsidy:

Office Use Only

Updated address and telephone numbers in database

Requested i.d. for all new household members

Updated in database

Dependants	
1	3
2	6
3	9
4	12
5	15
6	18
7	21
8 or more	24

Total: _____

Rent to income	
0 - 30%	0
31 - 35%	3
36 - 40%	6
41 - 45%	9
46 - 50%	12
51 - 55%	15
56 - 60%	18
61% or more	21

Total: _____
(See manual for room and board)

Utility Responsibility	
Power	1
Heat	1
Water	1

Total: _____

Shared Accommodation	
	3

Total: _____

Overcrowding	
Extra Bedrooms Required	
1	3
2	6
3	9
4+	12

Total: _____

Accessibility	
	12

Total: _____



Income Information:

If you or another household member are employed, complete this section:

Name of family member: _____
 Employer: _____ Phone Number:(_____) _____
 Dates of employment: From _____ to _____
 Salary: \$ _____ per _____ (hour or month) Hours per week _____
 Paid: weekly biweekly semimonthly monthly

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 Employer: _____ Phone Number:(_____) _____
 Dates of employment: From _____ to _____
 Salary: \$ _____ per _____ (hour or month) Hours per week _____
 Paid: weekly biweekly semimonthly monthly

Other Income	Amount per month	Name(s) of Person(s) Receiving Income
<input type="checkbox"/> AISH	\$ _____	_____
<input type="checkbox"/> SFI/Alberta Works	\$ _____	_____
<input type="checkbox"/> WCB	\$ _____	_____
<input type="checkbox"/> CPP	\$ _____	_____
<input type="checkbox"/> OAS	\$ _____	_____
<input type="checkbox"/> Alberta Seniors Benefit	\$ _____	_____
<input type="checkbox"/> Company/Group Pension	\$ _____	_____
<input type="checkbox"/> EI Benefits	\$ _____	_____
<input type="checkbox"/> Student Funding	\$ _____	_____

(including, but not limited to, student loans, Alberta Works Grants, Maintenance Grants, Millennium Scholarships, scholarships, bursaries, stipends, etc.)

If you checked student funding, please describe: _____

- Child/Spousal Support \$ _____
- Resettlement Assistance \$ _____
- Self-employment \$ _____
 (taxi driver or other - please describe: _____)
- Foreign Country income \$ _____
- Other \$ _____

(including, but not limited to, oil royalties, commissions, bonuses, tips, lump sum insurance or employment settlements, structured settlements, annuities, inheritances, family or church assistance, rental revenue, investment income, etc.)

If you checked other, please describe: _____

- GST Rebate \$ _____ per 3 months
- Child Tax Benefits \$ _____ per month
- Family Employment Tax Credits \$ _____ per 6 months

DO NOT INCLUDE Universal Child Care Benefit or Working Income Tax Benefit.

Pets:

Indicate if you have a pet:

- Dog Cat Rabbit Other _____

The information provided on this application form is accurate and complete. I/we authorize CRHC to verify all statements made by me/us in this application.

 (Applicant Signature) (Date)

 (Co-Applicant Signature) (Date)

This information is required, under the *Alberta Housing Act*, to assess your eligibility for the rent-g geared-to-income program, to determine the basic rent, and to determine the type and size of housing unit required. Information is protected by the privacy provision of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to an Information Clerk at the address and telephone number listed on this form.

Office Use Only

Updated income information keyed to database

CNITS

Bed Size	Monthly	Annual
Bachelor	\$2,416.67	\$29,000
1	\$2,916.67	\$35,000
2	\$3,500.00	\$42,000
3	\$4,416.67	\$53,000
4	\$4,583.33	\$55,000
5+	\$4,833.33	\$58,000

Checked CNITs to determine if household still qualifies

Emergency/NTV Fund Referral
 (see page 1, reason for applying)

15

Total: _____

Housing Detrimental to Health
 (see page 1, reason for applying)

Mental Health 5
 Physical Health 5

Total: _____

