

# APPLICATION UPDATE FORM

Complete all fields 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:
Home Phone Number:	Cell Phone Number:	Emergency Phone Number:
Current Address:	City:	Postal Code:

Have you moved?  YES  NO If YES, move in date: \_\_\_\_\_ Lease expiry: \_\_\_\_\_

**List all other household members:**

Last Name	First Name	Gender	Birthdate (Y/M/D)	Relationship to applicant	Currently living w/applicant? Y/N

Are you sharing any part of your current accommodation with person(s) not applying on this application?  YES  NO If YES, How many additional persons not listed above? #of Adults \_\_\_\_\_ #of Children \_\_\_\_\_

List and explain what part of the accommodation is shared (list age and gender of individuals sharing a bedroom):

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**Are you being evicted?**  YES  NO If YES, explain why and provide a copy of the eviction notice:

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**Describe your living situation at this time.** Are you homeless? Are you living with family, friends or in a shelter, etc.?

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#of Bedrooms: \_\_\_\_\_ Rent amount: \_\_\_\_\_ Are all utilities included?  YES  NO  
If NO, check utilities NOT included:  Electricity  Gas  Water  Sewer  Solid Waste  Recycling

Are you living in a unit that is accessible to your physical needs?  YES  NO If NO, please provide

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Are your current living conditions affecting your health in any other way?  YES  NO If YES, please provide details (i.e. physically, mentally, emotionally, etc.):

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**Office Use Only**

Dependents

1	3
2	6
3	9
4	12
5	15
6	18
7	21
<b>Total:</b>	_____

Shared Accommodation  
YES - 3  
NO - 0

**Total:** \_\_\_\_\_

Over Crowding  
(12)

**Total:** \_\_\_\_\_

Eviction/Special Circumstances:  
(15)

**Total:** \_\_\_\_\_

Utility Responsibility  
Power 1  
Heat 1  
Water 1

**Total:** \_\_\_\_\_

Accessibility  
(12)

**Total:** \_\_\_\_\_

Housing Detrimental to health  
(10)

**Total:** \_\_\_\_\_

**Pg Total:** \_\_\_\_\_

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

**Office Use Only**

Check all income sources and enter amounts (provide supporting documentation):			
AISH \$:		EI \$:	<b>Student Funding \$:</b>
Assets \$:		Employment \$:	AB Works \$:
Company Pension \$:		Income Support \$:	Band Funding \$:
Child Support \$:		Line 150 Tax Return (Seniors only) \$:	Grants/Bursaries/Scholarships \$:
CPP \$:		Spousal Support \$:	Loans \$:
Other (please list and describe) \$:			

CNITS		
Bdrm Count	Max Mnth Incm	Max. Annl Incm
Bach	\$2083	\$25K
1Bed	\$2417	\$29K
2Bed	\$2958	\$35.5K
3Bed	\$3750	\$45K
4Bed	\$4333	\$52K
5+Bed	\$4458	\$53.5K

Updated 2016

**Current Rent**  
\$ \_\_\_\_\_  
**Gross Ann. Income**  
\$ \_\_\_\_\_  
**Monthly Adj. Income**  
\$ \_\_\_\_\_

Please check your housing program preference. (note, the MHCHS may not be able to accommodate your preferences, but will offer a program that best suits your needs)

Family Housing  Special Needs (Accessible)  Affordable Housing  Rent Supplement  Seniors

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%+	21

Please list any other information that you feel is important and has not been stated previously:

**Total:** \_\_\_\_\_

**HH Type**  
SG \_\_\_\_\_ SP \_\_\_\_\_  
FM \_\_\_\_\_ CP \_\_\_\_\_  
O \_\_\_\_\_

**Income Type**  
AI \_\_\_\_\_ EM \_\_\_\_\_  
IS \_\_\_\_\_ OAS \_\_\_\_\_  
Other \_\_\_\_\_

**UT Code**  
1bd \_\_\_\_\_ 2bd \_\_\_\_\_  
3bd \_\_\_\_\_ 4bd \_\_\_\_\_  
5bd \_\_\_\_\_

**Total Score:** \_\_\_\_\_

**Approved:**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If no, Over CNIT? \_\_\_\_\_

**Scored by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved for:**  
FAMILY \_\_\_\_\_  
AFFORDABLE \_\_\_\_\_  
SSC \_\_\_\_\_  
RENT SUBSIDY \_\_\_\_\_  
SENIORS \_\_\_\_\_

**SPECTRA**  
Prospect Info \_\_\_\_\_  
User Data \_\_\_\_\_  
Contact Info \_\_\_\_\_  
Med Hat Tab \_\_\_\_\_  
KPI \_\_\_\_\_  
Letter \_\_\_\_\_ Waitlist \_\_\_\_\_

**Update Form Date:** \_\_\_\_\_

**Notes:**

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