

# 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:

Have you or anyone in your household graduated from a Housing First Program?  YES  NO

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

#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 details:

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

<b>Check all income sources and enter amounts (provide supporting documentation):</b>			
AISH \$:		EI \$:	Child Support \$:
AB Works \$:		Employment #1 \$:	AB Works Learners Grant \$:
Company Pension \$:		Employment #2 \$:	Band Funding \$:
Spousal Support \$:		Employment #3 \$:	Student Grants/Bursaries/Scholarships \$:
CPP \$:		Line 150 Tax Return (Seniors only) \$:	Student Loans \$:
GST (quarterly)\$ n/a		CCB\$ n/a	ACB (Alberta Child Benefit –quarterly)\$ n/a
AFETC\$ n/a		Alberta Carbon rebate(quarterly)\$ n/a	Other_____ \$
Does your household receive assistance with medical costs from Alberta Adult Health Benefit (AAHB)?			

**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 Housing

**Does your household contain a pet?**  Yes  NO

If **YES** are you willing to rehouse your pet if you were to be offered housing?  YES  NO

Please note: No pets are allowed in any Medicine Hat Community Housing Units

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

*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*