

INCOME QUALIFICATION REQUIREMENTS

to qualify, the applicant must be:

1. In **Core Housing need** with a total annual income of **\$29,000 or less** as a single person or couple (1 bedroom) and be either:
 - a. Be functionally independent
 - b. Functionally independent with the assistance of existing community based services.
2. Is comprised of Canadian Citizens, individuals lawfully admitted into 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 been initiated.

Tenants rents are based on 30% of the households adjusted gross income. Income includes (but is not limited to):

- | | |
|-----------------------------|---|
| IV. Alberta Seniors Benefit | I. Guaranteed Income Supplement |
| V. Canada Pension | II. Interest From Other Assets Or Investments |
| VI. Old Age Pension | III. Private Pensions |

Applicants 65 or older can apply. Individuals who are 55 years old to 64 years old may be considered under special circumstances. While preference is given to seniors, Luther and Parkside Manor accept adult tenants of all ages. Applicants are required to provide a copy of their Income Tax Return or Notice of Assessment with the completed application.

ONCE YOUR INFORMATION HAS BEEN SUBMITTED

All approved applicants will be placed in a suitable housing program based on the highest need first and then in the order in which the application was received.

- a. If you have not been contacted in **90 days** and you are still interested in subsidized housing, please complete an **UPDATE FORM** available at the Administration Office or online at www.mhchs.ca and submit it to the administration department
- b. If there are changes in your household circumstances, please contact the administration office. Important changes include (but are not limited to):
 - a. Loss of income or change in income sources
 - b. Adding or removing applicant members
 - c. Address/contact information changes
 - d. Housing Status – are you being evicted?

HOUSING PROGRAM INFORMATION FOR APPLICANTS

The Medicine Hat Community Housing Society manages 228 seniors' self-contained housing units with seven buildings in Medicine Hat and Redcliff. These units are in high-rise and low-rise accessible buildings. Luther Manor and Parkside Manor also house persons under the age of 55 years under special circumstances. Rent is based on 30% of total combined household income. Utilities, cable and parking are not included in the rent, but the MHCHS's bulk pricing advantage allows for a significantly lower cost. Tenants are re-evaluated annually to determine their continued eligibility. Tenants are responsible for advising the MHCHS of income changes when they occur and throughout the year (only upon request).

BUILDING LOCATIONS & CONTACT INFORMATION

| | | | |
|---|---|--|--|
| Seniors Program Information 403.527.4507 Office: Mon – Fri 8:00am – 4:15pm | Luther Manor 922 - 2 nd Street SE Medicine Hat, AB T1A7X2 | Parkside Manor 940 - 2 nd Street SE Medicine Hat, AB T1A8A8 | Southview Manor 40 - Cairns Way SE Medicine Hat, AB T1B1M4 |
| Legion Manor 304 - 2 nd Street SE Medicine Hat, AB T1A0C1 | Maranatha Villa 355 - 8 th Street SE Medicine Hat, AB T1A1L6 | Primrose Villa 316 - Primrose Drive SE Medicine Hat, AB T1B3S9 | Redcliff Memorial Legion Manor 205 - Main Street Redcliff, AB T0J2P0 |

**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 applicants eligibility for housing and related Government programs. This information may be transferred to and matched with other parties, agencies and the Government.*

Please retain these instructions for your information

Central Office #104 – 516 3rd St SE Medicine Hat, AB T1A 0H3 Tel: 403.527.4507 Fax: 403.526.3163
Email: admin@mhchs.ca Website: www.mhchs.ca

PERSONAL INFORMATION

| | | |
|--|--|--|
| (Primary Applicant) Last Name: | First Name & Middle Initial: | Maiden Name or other name if applicable: |
| Social Insurance Number: | Home Phone Number: Cell Phone Number: | Work Phone Number: |
| Date of Birth (Y/M/D): | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> | Marital Status <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Single/ Divorced / Separated |
| Email : | | |
| Current Address: | City: | Postal Code: |
| Mailing Address if different from above: | City: | Postal Code: |

HOUSEHOLD COMPOSITION

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 (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

YES
 NO



If YES, How many additional persons not listed above?

#of Adults _____ #of Children _____

What part of the accommodation is shared? _____

RESIDENCY

Which best describes your current residence?

House Townhouse Lodge Shared Residence
 Shelter Apartment Multiplex Roommate

Rooms in your present residence:

Kitchen Living Room Dining Room
#of bedrooms: _____ #of bathrooms: _____

| | | | |
|---|--|--|---|
| How much do you pay for rent? \$/month | Lease expiry date: | How long have you lived there? | |
| Do you pay for: Electricity? <input type="checkbox"/> YES <input type="checkbox"/> NO | Gas? <input type="checkbox"/> YES <input type="checkbox"/> NO | Water? <input type="checkbox"/> YES <input type="checkbox"/> NO | Sewer, Waste & Recycling? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If you do not pay rent, do you contribute financially? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If YES, provide details: | | | |

List your **TENANT HISTORY** for the **12-month** period prior to living in your current residence:

List accommodation history for the **12 months** prior to your current residence:

| Address – Including City | From: Month/Year | To: Month/Year |
|--------------------------|---------------------|-------------------|
| 1) Address: | | |
| Landlord name & phone #: | | |
| 2) Address: | | |
| Landlord name & phone #: | | |

If you are currently renting, have you been given an eviction notice? YES NO

If YES, date and time effective: _____ (Attach a copy of eviction notice)

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). **Attach proof of income.**

| Applicant #1 Last Name: _____ | | First Name: _____ | |
|--|------------|-------------------|------------------------------|
| Income Type | Start Date | End Date | Amount Receiving (per month) |
| GST (Paid in July, Oct, Jan, April) | | | \$ |
| AISH | | | \$ |
| Income Supports | | | \$ |
| CPP Retirement Benefits | | | \$ |
| CPP Disability Benefits | | | \$ |
| CPP Survivors/Orphans Benefits | | | \$ |
| Old Age Security | | | \$ |
| Guaranteed Income Supplement | | | \$ |
| Alberta Seniors Benefits | | | \$ |
| Company Pension | | | \$ |
| Spousal Support | | | \$ |
| War Veteran Allowance | | | \$ |
| War Veteran Pension | | | \$ |
| Employment: | | | \$ |
| Other Income Supports | | | \$ |
| Other (Describe): | | | \$ |
| Describe Employment Skills and Trades: | | | |

| Applicant #2 Last Name: _____ | | First Name: _____ | |
|--|------------|-------------------|-----------------------------|
| Income Type | Start Date | End Date | Amount Received (per month) |
| GST (Paid in July, Oct, Jan, April) | | | \$ |
| AISH | | | \$ |
| Income Supports | | | \$ |
| CPP Retirement Benefits | | | \$ |
| CPP Disability Benefits | | | \$ |
| CPP Survivors/Orphans Benefits | | | \$ |
| Old Age Security | | | \$ |
| Guaranteed Income Supplement | | | \$ |
| Alberta Seniors Benefits | | | \$ |
| Company Pension | | | \$ |
| Spousal Support | | | \$ |
| War Veteran Allowance | | | \$ |
| War Veteran Pension | | | \$ |
| Employment: | | | \$ |
| Other Income Supports | | | \$ |
| Other (Describe): | | | \$ |
| Describe Employment Skills and Trades: | | | |

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 if you are under the age of 65.

| Type of Asset | Total Value | Total Income or Interest Received/Yr |
|---|-------------|--------------------------------------|
| Bank Account - Savings | \$ | N/A |
| Bank Account - Chequings | \$ | N/A |
| Bank Account - Other | \$ | N/A |
| Equity in Real Estate | \$ | \$ |
| Guaranteed Investment Certificate (GIC) | \$ | \$ |
| Inheritance on Insurance Settlements | \$ | \$ |
| Mutual Funds | \$ | \$ |
| Net Worth of Business | \$ | \$ |
| Retirement Savings Plan | \$ | \$ |
| Savings Certificate | \$ | \$ |
| Stocks or Bonds | \$ | \$ |
| Term Deposits | \$ | \$ |
| Total | \$ | \$ |

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"/> YES - Own | <input type="checkbox"/> NO | Equity: \$ | Value: \$ | Monthly Payment: \$ | Year and Model: |
| Is there a 2 nd Vehicle in your household? | <input type="checkbox"/> YES - Lease <input type="checkbox"/> YES - Own | <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? | | | | | | |

DEBTS

A list of your debts will help the MHCHS to determine your level of affordability

| List all Debts (Who do you owe?) | Amount Owed | Monthly Payment |
|----------------------------------|-------------|-----------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total | \$ | \$ |

CONTACTS

| Emergency Contact (Ex: 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 (Ex: Employer, Landlord, Clergy, Volunteer Work, etc.) Cannot be a member of your family | | |
|--|---------------------------|---------------------------|
| 1) Name & Reference Type: | 2) Name & Reference Type: | 3) Name & Reference Type: |
| Phone Number: | Phone Number: | Phone Number: |

MISCELLANEOUS QUESTIONS

| How did you learn about the Medicine Hat Community Housing Society? (Check all boxes that apply) | | | | | |
|--|----------------------|--------------------------|------------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Income Supports | <input type="checkbox"/> | Medicine Hat Family Service | <input type="checkbox"/> | Bridges |
| <input type="checkbox"/> | AISH | <input type="checkbox"/> | Child & Family Services | <input type="checkbox"/> | McMan |
| <input type="checkbox"/> | Alberta Supports | <input type="checkbox"/> | Alberta Health Services | <input type="checkbox"/> | CORE |
| <input type="checkbox"/> | Salvation Army | <input type="checkbox"/> | Canadian Mental Health Association | <input type="checkbox"/> | REDI |
| <input type="checkbox"/> | City of Medicine Hat | <input type="checkbox"/> | Being Human Services | <input type="checkbox"/> | Saamis Immigration |
| <input type="checkbox"/> | Landlord | <input type="checkbox"/> | Medicine Hat Women's Shelter | <input type="checkbox"/> | Red Cross |
| <input type="checkbox"/> | Church | <input type="checkbox"/> | Friends/Family | <input type="checkbox"/> | Next Step |
| <input type="checkbox"/> Other Agency not listed above: | | | | | |

Have you applied to the Medicine Hat Community Housing Society in the past? YES NO
 If YES, when did you last apply? _____

| Have you ever been a tenant with the Medicine Hat Community Housing Society? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
|---|------------------------------|---------------------------------|
| Program | Address or Rent Subsidy Type | When did you leave the program? |
| Family Housing | | |
| Affordable Housing | | |
| Seniors Self Contained Housing | | |
| Special Needs Housing | | |
| Rent Supplement Program | | |
| | | |

Are you a Canadian Citizen? YES NO If NO, attach a copy of Immigration Papers

Do you need an interpreter? YES NO If YES, Name: _____
 Phone Number: _____

Does anyone in your household have physical limitations and/or medical conditions that the MHCHS should be aware of (example: do you require a wheelchair accessible suite)? YES NO
 If YES, indicate the limitations: _____

Is anyone in your household unable to do stairs? YES NO
 If YES, are you currently living in a household with stairs? YES NO

Is your housing unsafe or does it cause health problems for anyone? 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 housing? YES NO

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

| Have you looked into any other resources that may assist you during this time? | | | |
|--|-----|----|--|
| Resources | YES | NO | Type of Assistance (Rent, Utility, Food, etc.) |
| St Vincent De Paul | | | |
| Salvation Army | | | |
| Hillcrest Family Church | | | |
| Friends/Family | | | |
| Medicine Hat Women's Shelter | | | |
| Income Supports | | | |
| Other: | | | |
| Other: | | | |

Do you have any formal community supports (agency, groups and/or organizations) in place? If **YES**, please provide details:

Indicate which program(s) and area preference you are interested in *(see page 2 for program descriptions)*

| | | | | | |
|--|-----------------------|--|-----------------|--|-----------------|
| | Luther Manor | | Parkside Manor | | Legion Manor |
| | Primrose Villa | | Maranatha Villa | | Southview Manor |
| | Redcliff Legion Manor | | | | |

ADDITIONAL INFORMATION

In order for the Medicine Hat Community Housing Society to effectively assess your circumstances and determine the most suitable program for your household, (in the space below) please describe the conditions that have led to your application. Provide additional information about your current living situation, such as temporary or difficult living arrangements, eviction details if applicable and any special needs (mental, physical or emotional health and/or specific medical concerns). Include any additional comments that would help provide a complete description of your current circumstances:

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



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 ____

TIME COMMISSIONED: _____

Signature of Applicant #1

**Signature of Commissioner for Oaths and
for the Province of Alberta**

Signature of Applicant #2

Commissioner Expiry

Medicine Hat Community Housing Society Release of Information Consent Form

Many employers or agencies who furnish assistance and/or benefits (HRDC, Social Services, Employment Insurance, WCB, etc.) will not release information without written consent from the employee or recipient. The Medicine Hat Community Housing Society therefore, requests the following be signed by all persons requesting assistance age 15 years of age or older who are listed in the Social Housing file.

I or We, _____ authorize:

a) The Medicine Hat Community Housing Society to verify all information relating to this Social Housing file and any future information provided throughout the entire tenancy period. This may include but is not limited to: employers, credit bureaus, financial institutions, federal, provincial or municipal government department, City of Medicine Hat Utility Department, offices, agencies, boards or landlords.

b) The Medicine Hat Community Housing Society to release and exchange any information and documents including personal information by and between the Medicine Hat Community Housing Society and such other authorities as, but not limited to all federal, provincial, and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers.

c) The parties/agencies noted in the previous paragraph to release the same such information to the Medicine Hat Community Housing Society.

d) The Medicine Hat Community Housing Society to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

Applicant (1): _____

Printed Name

_____ Social Insurance Number

_____ Signature

_____ Date

Applicant (2): _____

Printed Name

_____ Social Insurance Number

_____ Signature

_____ Date

The Medicine Hat Community Housing Society is authorized to collect this information under Part 2, Division 1, Section 33, © of the Freedom of Information and Protection of Privacy Act.

DOCUMENTATION REQUIRED IN ORDER TO ACCURATELY REVIEW YOUR FILE

| Required | Received | |
|--|----------|---|
| X | | 2 Pieces Of Identification (1 Piece of Photo ID) – For each individual in the household (Ex: SIN, AB Health Care, Drivers License, Birth Certificates, etc.) |
| | | Alberta Seniors Benefit (Alberta Special Needs Assistance) 1.800.642.3853, T5007 |
| | | Assets - Mortgage Statement, Car Purchase/Loan Documents, Lump Sum Settlements, etc. |
| | | Assured Income for the Severely Handicapped (AISH) 3-months AISH Stubs, Notice of Eligibility, 3-months Bank Statements, T5007 |
| | | Bank Statements (3 Most Recent Months) only if requested by MHCHS |
| | | Canada Pension Plan (Disability, Death, Orphan's, Retirement, Survivors, etc.) 1.800.277.9914, Notice of Entitlement, 3-months Bank Statements, T4A *Show a breakdown of each benefit received |
| | | Company Pension – 3-months Bank Statements |
| | | Employment - 3-months Pay Stubs, T4, Letter of Confirmation (pay, hours, start date, etc.), ROE |
| | | Employment Insurance (EI) - 3-months EI Statements, T4E |
| | | Government of Alberta Payment For Basic Or Extraordinary Maintenance (Family Support for Children with Disabilities, Support For Permanency Agreements, etc.) |
| | | Guaranteed Income Support (GIS) - 1.800.277.9914 |
| N/A | | GST (January, April, July & October) BASE YEAR: _____ 1.800.959.1953 |
| | | Immigration, Landed Immigrant Status, Permanent Residency Canada Immigration Center 1.888.242.2100 |
| | | Income Supports (SFI) 3-months SFI Stubs (Must have ENTIRE Slip – providing core shelter amount) and Notice of Eligibility |
| | | Income Tax Return & Notice Of Assessment BASE YEAR: _____ 1.800.959.8281 (Seniors or Self Employed Persons Only) |
| | | Investment Income/Withdrawals - Bank Statements, T5 -Interest from Investments |
| | | Lease/Proof Of Residence - Lease, Rent Receipts, Letter from Landlord, Rent Report |
| | | Old Age Security (OAS) - 1.800.277.9914, T4A |
| | | Resettlement Assistance Program (RAP) |
| | | Self-Employment - Monthly Income/Expense Summary Spreadsheet |
| | | Spousal Support/Allowance/Alimony - Receipt Book, 3-months of Bank Statements, Letter from Ex-Spouse w/contact Info - Maintenance Enforcement 403.31.0000/780.422.5555 |
| | | Utility Statement – If you are responsible for paying utilities, please provide the latest statement from your utility provider i.e. City of Medicine Hat |
| | | Worker's Compensation (WCB) 1.800.661.1993 |
| *Your file can only be processed if you provide all required documentation as shown above* | | |