



STANDARD APPLICATION INSTRUCTIONS

1. Fill **out the attached application form**. Your application can only be processed if all questions are answered
2. Provide the following **documentation**:
 - Picture Identification for primary applicant and all other applicants 15 years of age and older.
 - Identification for all other applicants (i.e. Birth Certificate, AB Health Care Card).
 - Each person(s) **15 years of age and over** who is working must provide 3 months of paystubs or a letter verifying his/her gross monthly earnings. If the individual is in school, a confirmation of school registration must be provided.
 - If you are **NOT a Canadian citizen** you must provide immigration papers that indicate your current status.
 - Proper documentation must support any and all income received by your household. Please refer to the document check list (**page 10**) for required documentation that could pertain to your household.
3. **Submit Application**. Please submit application once it is completed and all required supporting documentation has been attached at the MHCHS main office at 104, 516 3rd Street SE Medicine Hat Between the hours of: 8:00am – 4:15pm Monday -Friday

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. What is the next step?

- 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
- b. If there are changes in your household circumstances, please contact the administration office (specific changes can affect your position on the waitlist). Important changes include (but are not limited to):
 - a. Loss of income or change in income sources.
 - b. Change in family size – adding or removing applicant members.
 - c. Address/contact information changes.
 - d. Housing Status – are you being evicted?

INCOME QUALIFICATION REQUIREMENTS

Income Threshold table shows **maximum yearly income levels** allowable in order to qualify. (Note: Two children under 18 years of age, of the same gender, or under 5 years of age and of opposite gender will be required to share one room)

Medicine Hat	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
	\$26,000	\$31,000	\$34,000	\$42,500	\$51,500

Applicants may not possess more than \$25,000 in assets (e.g. home, vehicle, investments, etc.) in order to qualify.

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.

Please retain these instructions for your information



HOUSING PROGRAM INFORMATION FOR APPLICANTS

As an applicant, you are encouraged to indicate which program your household prefers. However, please note that the Medicine Hat Community Housing Society will determine which housing program will best suit your household needs after the initial assessment and approval of your application. Brief descriptions of available housing programs are as follows:

COMMUNITY HOUSING

Family & Special Purpose Housing

- Family and Special Purpose housing units are available for households with low or modest incomes.
- Maximum income per household is dependent upon the number of bedrooms required by the household.
- Number of bedrooms required is determined by specific criteria developed by the Government of Alberta.
- Rent is based on 30% of total combined household income and tenants are responsible for electricity costs only. Primary applicant must be able to open a utility account with the City of Medicine Hat Utility department.
- Family housing and special needs housing tenants are re-evaluated annually to determine continued eligibility.
- Tenants are expected to advise the MHCHS of income and family composition changes immediately.

Affordable or Below Market Housing

- Rental housing that is provided at a rate substantially below the market average for a similar sized unit.
- Fixed rents are maintained at approximately 30% less than the private market rental rate and are calculated using average Private Rental Rate statistics provided by the Canada Mortgage and Housing Corporation.
- Units are available to qualifying households who have stable income and meet income eligibility requirements.

PRIVATE RENT SUPPLEMENT PROGRAM

Private Landlord Rent Supplement (PLRS) – previously known as RGI

- Rent subsidies that are available for participating landlords in the private rental market.
- Subsidies benefit qualified applicants who meet eligibility requirements and are in need of ongoing financial assistance to pay their rent.
- Geared toward individuals that may be better suited for the private market or simply prefer to remain in their current residence but require financial assistance in order to maintain their housing.
- Tenants pay their landlord a more affordable rent based on 30% of their household income (or a reduced amount). The MHCHS issues a monthly subsidy to the landlord for the balance of the private market rent.
- Qualified recipients are required to sign a lease agreement with a private landlord and abide by the rules and regulations established. Tenants will be re-evaluated on an annual basis to determine continued eligibility.
- All private market rental units are subject to an inspection to ensure they meet minimum housing and health standards.

Direct Rent Supplement (DRS)

- DRS subsidy is provided directly to the recipient, the landlord is not typically involved.
- Applicants who qualify for this program will receive a monthly rent subsidy.
- Recipients will pay 30% of their income towards their monthly rent and the MHCHS will pay the balance of the rent owing (up to the allowable maximum according to household need).
- Some rental units are subject to inspection to ensure that minimum housing and health standards are being met.

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



STANDARD APPLICATION

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: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Separated
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 → If YES, How many additional persons not listed above? #of Adults _____ #of Children _____

Do your children live with you full time? YES NO If NO, please explain: _____

What part of the accommodation is shared? _____

Is anyone in the household pregnant? YES NO → If YES, Due Date: _____
(Attach a copy of Doctor's note)

RESIDENCY

Which best describes your current residence? <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Lodge <input type="checkbox"/> Shared Residence <input type="checkbox"/> Shelter <input type="checkbox"/> Apartment <input type="checkbox"/> Multiplex <input type="checkbox"/> Roommate		Rooms in your present residence: <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room #of bedrooms: _____ #of bathrooms: _____	
How much do you pay in 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 don't 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:

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:				#2 Last Name: First Name:			#3 Last Name: First Name:		
Income Type	Start Date Y/M/D	End Date Y/M/D	Amount Receiving	Start Date Y/M/D	End Date Y/M/D	Amount Receiving	Start Date Y/M/D	End Date Y/M/D	Amount Receiving
AISH			\$			\$			\$
AB Works - Student Funding			\$			\$			\$
Child Support			\$			\$			\$
EI Benefits			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Employment (Name employer):			\$			\$			\$
Income Support / AB Works			\$			\$			\$
Spousal Support			\$			\$			\$
CPP Retirement Benefits			\$			\$			\$
CPP Disability Benefits			\$			\$			\$
CPP Survivors/Orphans Benefits			\$			\$			\$
Federal/Provincial Student Income (Grants, Bursaries, Scholarships, etc.)			\$			\$			\$
Federal/Provincial Student Income (Loans)			\$			\$			\$
GST – paid quarterly									
CCB – paid monthly									
ACB – paid quarterly									
AFETC – paid semi annually									
ACLAR (carbon Rebate) – paid quarterly									
Other (Describe):									
Other (Describe):									
Total									

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 for everyone in the household that is over 15 years old.

Type of Asset	Total Value	Total Income or Interest Received/Yr
Bank Account - Savings	\$	N/A
Bank Account - Chequing	\$	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	\$	\$
Other (Describe):	\$	\$
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 MCHCS 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"/>	AB Works/Income Supports	<input type="checkbox"/>	Medicine Hat Family Service
<input type="checkbox"/>	AISH	<input type="checkbox"/>	Child & Family Services
<input type="checkbox"/>	Alberta Supports	<input type="checkbox"/>	Alberta Health Services
<input type="checkbox"/>	Salvation Army	<input type="checkbox"/>	Canadian Mental Health Association
<input type="checkbox"/>	City of Medicine Hat	<input type="checkbox"/>	Being Human Services
<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Medicine Hat Women's Shelter
<input type="checkbox"/>	Medicine Hat Food Bank	<input type="checkbox"/>	Friends/Family
<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, please 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: _____

Have you or anyone in your household graduated from a Housing First program? YES NO
 If yes – please list the individual's name(s): _____

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

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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)

Community Housing		Affordable or Below Market Housing		Private Rent Supplement Program	
	Crescent Heights		Southlands		Rent Geared to Income (RGI)
	Crestwood		Northlands		Direct Rent Supplement (DRS)
	Southview				
	Southridge				
	Ross Glen				
	Flats				

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:



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.

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Email: admin@mhchs.ca Website: www.mhchs.ca

Examples of documentation required to accurately review your file . Please review the list and bring in the suggested documents with your application for any item you receive

Required	Received	
X		2 Pieces Of Identification (1 piece needs to be Photo ID) – For each individual in the household (ex: SIN, AB Health Care, Driver's License, Birth Certificates, etc.)
		Alberta Carbon Rebate (ACLAR) (paid quarterly)
		Alberta Family Employment Tax Credit (AFETC) (paid in Jan & Jul) 1.800.959.2809
		Alberta Seniors Benefit (Alberta Special Needs Assistance) 1.800.642.3853, T5007
		Alberta Child Benefit – (paid quarterly)
		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 Child Benefit (CCB) (paid Monthly) 1.800.387.1193
		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
		Child Support Custody Arrangement Verification - Receipt Book, 3-months Bank Statements, Court Order, Letter from Parent w/contact Info - Maintenance Enforcement 403.310.0000/780.422.5555 Family Mediation 403.529.3711, Child & Youth Enhancement 403.529.3753
		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
		GST (paid in January, April, July & October)
		Immigration, Landed Immigrant Status, Permanent Residency Canada Immigration Center 1.888.242.2100
		Alberta Works Assistance (Income Support) 3-months SFI Stubs (Must Have ENTIRE Slip – Providing Core Shelter Amount), 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 Bank Statements, Letter from Ex-Spouse w/contact Info - Maintenance Enforcement 403.31.0000/780.422.5555
		Student Loans, Bursaries, Grants, Scholarships, Band Funding Notice of Assessment Letter - Alberta Student Finance 1.800.222.6485
		Utility Statement – If you are responsible for paying utilities, please provide your latest utility statement from your utility provider i.e. City of Medicine Hat
		Worker's Compensation (WCB) 1.800.661.1993

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