



Phone (780) 420-6161
Fax (780) 426-6854

Change of Information Form - Applicants

Name _____ Applicant Number _____

Address _____

Phone Numbers;

Home _____ Work _____ Cell _____

Please check off the change(s) that you have had;

[] Change in family members

[] New baby born Baby's name _____

Baby's birth date _____

Baby is a boy [] Baby is a girl []

[] Someone has moved in Name _____

Birth date _____

Social Insurance Number _____

How is this person related to you?
(husband, wife, common-law husband or wife, sister, brother, mother, father, etc.)

Are they a Canadian Citizen? Yes [] No []

Are they a Permanent Resident? Yes [] No []
If yes, please give us a copy of their Landed Immigrant Papers.

Do they need a place that is wheelchair accessible? Yes [] No []

Do they receive money or an income from any source? Yes [] No []
If yes, please fill out the Change in Income section for this person.

Date they moved in _____



List all addresses they have had and landlord names, addresses, and phone numbers for the past two years. Use the back of this page if you need more space.

Most recent address:

Address	Landlord Name	Landlord Address	Landlord Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

from _____ to _____
 (Move in date) (Move out date)

Reason for moving: _____

Previous address:

Address	Landlord Name	Landlord Address	Landlord Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

from _____ to _____
 (Move in date) (Move out date)

Reason for moving: _____

Someone has Name _____
 moved out or
 passed away

Date this change happened _____

Change in Your Assets

Please write down this change (such as bought or sold a home or property, got money from an inheritance, insurance settlement, or lottery winnings, bought or sold a car or truck, etc.) and tell us about how much your new belongings are worth.



[] Change in Income and the Money You Make

Who has had a change in their income? _____

If this person is:

- | | | |
|--|----------------|--|
| [] Working | Please provide | Employment Form
(821-013) |
| [] Receiving Supports for Independence
(SFI or Social Assistance) | Please provide | Alberta Employment and
Immigration/Children's
Services Form (821-012) |
| [] Receiving Employment Insurance | Please provide | Employment Insurance
Benefits Form (821-015) |
| [] Receiving Student Funding, including
Skills Development Grants, Maintenance
and Notice of Assessment Student Loans | Please provide | Student Funding Form
(821-009) or a copy of their Grants, |
| [] Receiving other Student Funding such
as Training Grants or Training Allowances | Please provide | Training Grants Form
(821-016) |
| [] Receiving Scholarships or Bursaries | Please provide | Letter from the company
or organization giving
them this award |
| [] Receiving Stipends | Please provide | Letter from the school they
work or do research for |
| [] Receiving Assured Income for the
Severely Handicapped (AISH) | Please provide | Alberta Employment and
Immigration/Children's Services
Form (821-012) |
| [] Receiving Canada Pension (CPP) | Please provide | Income Security Form
(821-011) |
| [] Receiving Old Age Security (OAS) | Please provide | Income Security Form
(821-011) |
| [] Receiving Alberta Senior's Benefit | Please provide | Alberta Senior's Benefit Form
(821-026) |
| [] Driving a Taxi | Please provide | Taxi Cab Operators Financial
Statement (821-129) |
| [] Self-employment (other than driving
a taxi) | Please provide | Statement of Income And
Expenses from a Business
(821-128) and
Self-Employed Information
Sheet (821-130) |



- | | | |
|---|----------------|---|
| <input type="checkbox"/> Receiving Rental Revenue | Please provide | Real Estate Financial Statement (821-075) |
|---|----------------|---|
- | | | |
|---|-------------------------|----------------------|
| <input type="checkbox"/> Receiving Workers Compensation | Please provide | Workers Compensation |
| | Form Benefits (821-014) | |
- | | | |
|---|----------------|--------------------------------|
| <input type="checkbox"/> Receiving Treaty Benefits (including Oil Royalties, Social Assistance, Training Grants, etc) | Please provide | Treaty Benefits Form (821-010) |
|---|----------------|--------------------------------|
- | | | |
|---|----------------|---|
| <input type="checkbox"/> Receiving Money from Family, Friends, Church, etc. | Please provide | A letter from them that states how much money they give them each month |
|---|----------------|---|
- | | | |
|---|----------------|--|
| <input type="checkbox"/> Receiving Child Support and/or Maintenance | Please provide | A copy of your court order, a letter from Maintenance Enforcement or other proof of the amount they get each month |
|---|----------------|--|
- | | | |
|--|----------------|--|
| <input type="checkbox"/> Receiving Benefits from the Semi-Independent Living Program | Please provide | Alberta Employment and Immigration /Children's Services Form (821-012) |
|--|----------------|--|
- | | | |
|--|----------------|--|
| <input type="checkbox"/> Receiving Income or Money from Other Sources (company or group pensions, investments, foreign income, etc.) | Please provide | A letter, or other proof, from the company, group, bank or other source that tells us how much money they get each month |
|--|----------------|--|

If they receive money from any other place, and you are not sure what we will need for proof, call your Lease Administration Clerk between 8:30 a.m. and 4:00 p.m. Monday to Friday at 780-420-6161.

Other

Please state any other changes you have had.



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STATUTORY DECLARATION

CANADA) IN THE MATTER OF: application for receiving benefit
PROVINCE OF ALBERTA) of rent-geared-to-income under the Community Housing
To Wit:) and/or Rent Supplement programs.

I, _____
of _____ of the City of Edmonton, in the Province of Alberta, do solemnly declare that:

1. I am the person named as above in this statutory declaration;
2. All statements made by me in the application for Community Housing and/or Rent Supplement Programs and/or in all applications for abatement of rent and/or in all applications for the annual review of my income for continued benefit of rent-geared-to gross income under the Community Housing and/or Rent Supplement programs as hereto appended are to the best of my knowledge, information and belief, true, correct and complete in all respects;
3. I authorize any agency to release information to Capital Region Housing Corporation and/or its agents in their attempts to confirm and/or verify, **in any way Capital Region Housing Corporation and/or its agents deem necessary**, all information relating to my income, assets, household composition and/or household circumstances;
4. I release and save harmless the persons and organizations from any and all claims, actions, demands, damages and expenses in connection with or arising out of such release of information to the Capital Region Housing Corporation;
5. I authorize Capital Region Housing Corporation and/or its agents to **continue** to rely on this declaration to verify and confirm information, in any way, about my income, assets, household composition and any other circumstances related to me **throughout the term that I am eligible for the Community Housing and/or Rent Supplement programs** regardless of the length of the term of this eligibility;
6. I will advise Capital Region Housing Corporation and/or its agents **in writing** of any changes in my household's composition, amount of gross monthly income, source of income, allocation of income, assets, employment and/or address as soon as such change/s occur;
7. I authorize this statutory declaration to form part of my application for the benefit of rent-geared-to-income;
8. I further declare that I understand there may be legal penalties for providing false, misleading, or incomplete documents on which Capital Region Housing Corporation relies to calculate my benefit of rent-geared-to-income.

And I 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.

Declared before me at the City of }
Edmonton in the Province of Alberta }
this ____ day of _____, }
A.D. 20 ____.

A Commissioner for Oaths in and for the
Province of Alberta