



Phone (780) 420-6161

Fax (780) 426-6854

Change of Information Form - Tenants

You are required to tell us:

- If you have started to receive Income Support or Skills Development Grants from Alberta Employment, Immigration and Industry - your rent will be based on the SFI rent scale
- If the money you make has decreased by more than \$35.00 a month - you may be able to have your rent lowered
- If there has been a change in your family members - someone has moved in or out, birth of a baby, etc.
- If there is a change you need to tell us about, please complete this form.

Name: _____ Lease I.D. Number: _____

Address: _____ Phone Numbers: _____

_____ Home: _____

_____ Work: _____

_____ Cell: _____

Please check off the change(s) that you have had since you last gave us information:

PART A

[] Change in Income and the Money You Make

Who has had a change in their income? _____

If this person is:

[] Receiving Income Support we need Alberta Employment, Immigration and
 Industry/Children's
 Services Form (821-012)



Do they need a place that is wheelchair accessible?

Yes [] No []

Address they last rented _____

Their Landlord's Name _____

Their Landlord's Address _____

Their Landlord's Telephone Number _____

Are they a full-time student? Yes [] No []

Do they receive money or an income from any source?

Yes [] No []

Income Information

Please complete this section for each person, including yourself and your children, who has income or receives money from any source.

Please check off all the incomes you and the people who will be living with you have, write in the monthly amounts before taxes and other deductions are taken off, and state the name of the person receiving each income.

Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> Work and Employment <input type="checkbox"/> Main Job Name of Company or Employer _____ <input type="checkbox"/> Second Job Name of Company or Employer _____ <input type="checkbox"/> Third Job Name of Company or Employer _____	_____	\$ _____		Employment Form (821-013)
	_____	\$ _____		Employment Form (821-013)
	_____	\$ _____		Employment Form (821-013)



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> Supports for Independence (SFI or Social Assistance or Adult Health Benefit)	_____	\$ _____		Alberta Human Resources and Employment/Children's Services Form (821-012)
<input type="checkbox"/> Semi-Independent Living Program Benefits	_____	\$ _____		Alberta Human Resources and Employment/Children's Services Form (821-012)
<input type="checkbox"/> Employment Insurance	_____	\$ _____		Employment Insurance Form (821-015)
<input type="checkbox"/> Student Funding <input type="checkbox"/> Skills Development Grants <input type="checkbox"/> Maintenance Grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Training Grants or Allowances <input type="checkbox"/> Scholarships or Bursaries <input type="checkbox"/> Stipends	_____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		Student Funding Form (821-009) or a copy of your Notice of Assessment Training Grants Form (821-016) Letter from the company or organization giving you this award Letter from school you work or do research for
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	_____	\$ _____		Alberta Human Resources and Employment/Children's Services Form (821-012)



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> Canada Pension (CPP) <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Disability Child Benefits <input type="checkbox"/> Survivors Benefits <input type="checkbox"/> Orphans Benefits	_____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		Alberta Security Form (821-011)
<input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> Basic Old Age Sec. <input type="checkbox"/> Guaranteed Income Supplement <input type="checkbox"/> Spouses Allowance <input type="checkbox"/> Widowed Spouses Allowance <input type="checkbox"/> Alberta Senior's Benefit <input type="checkbox"/> Dep't of Veteran's Affairs <input type="checkbox"/> Company or Group Pension	_____ _____ _____ _____ _____ aaaaaaaaaaaaaaaaaaaaaa""&aaaaaaaaaaaaaaaaaaaaa _____""&aaaaaaaaaaaaaaaaaaaaa	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ ""&aaaaaaaaaaaaaaaaaaaaa ""&aaaaaaaaaaaaaaaaaaaaa		Income Security Form (821-011) Alberta Senior's Benefit Form (821-026) Letter from Dep't of Veteran's Affairs stating the monthly pension amount Letter from company stating the monthly pension amount
<input type="checkbox"/> Child Support or Spousal Support (Voluntary, Court Awarded, Maintenance Enforcement)	_____	\$ _____		A copy of your court order, a letter from Maintenance Enforcement or other proof of the amount you get each month
<input type="checkbox"/> Treaty Benefits (Including Oil Royalties, Social Assistance, Training Grants, and/or any other money received)	_____	\$ _____		Treaty Benefits Form (821-010)



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> Income From Self-Employment <input type="checkbox"/> Taxi Driver <input type="checkbox"/> Other _____ _____ Type of Business	_____ _____	\$ _____ \$ _____		Taxi Cab Operators Financial Statement (821-129) Statement of Income and Expense from a Business (821-128) and Self-employed Information Sheet (821-130)
<input type="checkbox"/> Tax Credits and Rebates <input type="checkbox"/> GST Rebate (3 mos.) <input type="checkbox"/> Child Tax Benefits (each month) <input type="checkbox"/> Family Employment Tax Credits (6 months) <i>(DO NOT INCLUDE THE UNIVERSAL CHILD CARE BENEFIT OR THE WORKING INCOME TAX BENEFIT.)</i>	_____ _____ _____	\$ _____ \$ _____ \$ _____		
<input type="checkbox"/> Lump Sum Settlements (including settlements from work, inheritance, insurance settlements, sale of effects, etc.)	_____	\$ _____		A letter, or other proof, from the company, lawyer, insurance company, or other source, that states the amount
<input type="checkbox"/> Family Assistance (including money relatives, friends, church, etc.)	_____	\$ _____		A letter from them that tells us how much money they give you each month
<input type="checkbox"/> Resettlement Assistance	_____	\$ _____		A letter from Citizenship and Immigration Canada that tells us how much money you receive each month.



Type of Income	Name of person receiving this income	How much they make each month	Start Date	Form that is needed to verify this Income
<input type="checkbox"/> Rental Revenue (from house, farm, land, etc.)	_____	\$ _____		Real Estate Financial Statement (821-075)
<input type="checkbox"/> Workers' Compensation Benefits	_____	\$ _____		Workers' Compensation Benefits Form (821-014)
<input type="checkbox"/> Investment Income (including interest from bank account, bonds, GICs, etc.)	_____	\$ _____		A letter, or other proof from the bank or investment company, that states the amount you receive each month
<input type="checkbox"/> Foreign Country Income (All Sources)	_____	\$ _____		A letter, or other proof, from the company, group, bank or other source that tells us how much money you receive each month
<input type="checkbox"/> Other Income (including commissions, bonuses, tips, royalties and/or all other income sources)	_____	\$ _____		A letter, or other proof, from the company, group, bank or other source that tells us how much money you receive each month

IF ANOTHER FAMILY HAS MOVED IN THEY NEED TO FILL OUT AN APPLICATION FORM AND SUBMIT IT WITH THIS FORM.

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



The information I/we have given to Capital Region Housing Corporation on this form is true and complete. I/we understand that our tenancy may be terminated, rent may be back-charged, and/or there may be legal penalties if Capital Region Housing Corporation finds that any of the information I/we have given them is not true or is not complete. I/we give Capital Region Housing Corporation permission to check and/or verify any or all of this information in any way that they think is necessary.

Signature of Tenant

Date

Signature of Second Tenant

Date

Personal information, including information about gross household income, incomes of individual members of the household, assets of the household, and characteristics and composition of the household, is required, under the *Alberta Housing Act*, to assess the household's eligibility for the rent-g geared-to-income program, to determine the basic rent, to determine the type and size of unit required, and to determine priority for the waiting list. Information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of personal information may be directed to a Lease Administration Clerk III at the address and telephone number listed on page 1.



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