

## REVIEW FORM

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Account Number: \_\_\_\_\_

In order to review your rent and/or to determine your continued eligibility under the Community Housing Program, please complete this form and return it (with verification attached) to our office by \_\_\_\_\_. Failure to comply and/or non-receipt of income verification will result in termination of tenancy.

**NOTICE TO TENANT: This letter does not supersede, prevail over or affect in any manner a Notice of Termination of Tenancy served on you pursuant to the Residential Tenancies Act S.A. 2004, c. R-17.1, as amended.**

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**I/WE DECLARE that our/my income for all persons in the household (15 years of age and over) is as follows:**

- |   |   |
|---|---|
| Employment income (full time/part-time/casual/seasonal or contract) Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Self-employed income Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Employment Insurance/ Planning to apply for EI Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Workers' Compensation Yes <input type="checkbox"/> No <input type="checkbox"/><br>AISH Yes <input type="checkbox"/> No <input type="checkbox"/><br>Social Assistance/ Income Support Yes <input type="checkbox"/> No <input type="checkbox"/><br>Adult Health Benefit Yes <input type="checkbox"/> No <input type="checkbox"/><br>Pension/Benefits Yes <input type="checkbox"/> No <input type="checkbox"/><br>Child Support Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Investment Income Yes <input type="checkbox"/> No <input type="checkbox"/><br>Student Loans/Grants Yes <input type="checkbox"/> No <input type="checkbox"/><br>Alberta Works ACLAR (Carbon Rebate) Yes <input type="checkbox"/> No <input type="checkbox"/><br>Other Income Yes <input type="checkbox"/> No <input type="checkbox"/> | <p><b>If yes</b>, provide copies of four most recent paycheque stubs. A letter from the employer verifying gross monthly earnings <b>will only</b> be accepted if you started working in the last 4 weeks.<br/>                 Company Name #1 _____ Start Date _____<br/>                 Company Name #2 _____ Start Date _____</p> <p>Do you receive tips or commissions? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b>, \$ _____ average monthly.</p> <p><b>If yes</b>, provide a copy of your most recent Income Tax Notice of Assessment, including your Statement of Business Activities (form T2125). Indicate the total number of months worked in the taxation year provided; _____. If this is your first year of business, a Statement of Business Income and Expenses form is available from our office.</p> <p><b>If yes</b>, provide documentation from Employment Insurance stating your <u>weekly benefit rate</u>. <b>If you have just applied for benefits, date you applied</b> _____. <b>We require a copy of your Record of Employment and your final two (2) paycheque stubs.</b><br/>                 If you receive the EI Family Supplement, please include verification.</p> <p><b>If yes</b>, provide copies of your most recent four (4) WCB cheque stubs. Start Date _____</p> <p><b>If yes</b>, provide a copy of your most recent two part Health Benefit Card (include the budget part)</p> <p><b>If yes</b>, provide a copy of your most recent two part Health Benefit Card (showing family names, address, and budget amounts)</p> <p><b>If yes</b>, provide a copy of your card and current approval letter to confirm Adult Health Benefits.</p> <p><b>If yes</b>, \$ _____ provide copies of most recent cheque stubs or bank statements. Please specify the type of pension/benefit you are receiving _____</p> <p><b>If yes</b>, \$ _____ provide verification from the person paying support or a copy of the court order. Is this through Maintenance Enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b>, provide a printout for the last 12 months.</p> <p><b>If yes</b>, \$ _____ provide a copy of the bank statement or T5 slip stating the interest earned.</p> <p><b>If yes</b>, provide a copy of the Notice of Assessment papers detailing funding along with copies of receipts of paid tuition fees and books, or a copy of your Funding Assessment Decision Letter.</p> <p><b>If yes</b>, provide a copy of the annual approval letter.</p> <p><b>If yes</b>, please specify _____ and include verification.</p> |
|---|---|

**If you have checked NO to all of the above income sources, please explain your household's means of support:** \_\_\_\_\_

List all individuals who reside in the housing unit, including yourself. <small>(Please use reverse side if additional space is required)</small>	Provide confirmation of registration for any FULL TIME student who is 18 years of age and over if not in receipt of student loans/grants.			List gross monthly income from any and all sources for ALL members of the household who are 15 years of age and over.		
FIRST NAME	LAST NAME	DATE OF BIRTH YY MM DD	RELATIONSHIP <small>(wife, son, daughter)</small>	INDICATE IF A STUDENT	DO YOU RECEIVE INCOME? IF YES, STATE SOURCE.	MONTHLY INCOME
			Head of Household	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

Is anyone in your household pregnant? Yes  No  Due date of expected baby \_\_\_\_\_

### DECLARATION: PLEASE READ AND SIGN THIS STATEMENT

I/We declare that all information given herein and herewith is true and complete in all respects. I/We agree to notify the Calgary Housing Company, in writing, changes to my financial or family circumstances as changes occur. I/We understand that making false or misleading statements on this application or any future document provided to Calgary Housing Company, or failure to report all changes as required may result in recovery action and termination of tenancy.

**Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Calgary Housing Company my/our consent to make inquiries that are necessary to verify the information given in this form and I/we authorize any person, corporation, government or social agency to release to Calgary Housing Company information pertinent to the assessment of my/our tenancy with Calgary Housing Company.**

Leaseholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Leaseholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Interpreter Statement:* As the above tenant(s) is/are not fluent in the English language or is/are illiterate or blind, I assisted in the completion of this document.

Interpreter Name \_\_\_\_\_ Phone Number \_\_\_\_\_

# IMPORTANT INFORMATION

*If you are requesting a rent adjustment, reductions in rent will become effective on the first day of the month following the date that our office receives a Rent Review form fully completed, along with **all** information required to review the request.*

Please read carefully and complete this checklist before submitting.

**CHECKLIST:**

- This form must be completed in ink.
- This form must be completed in full, all boxes must be checked either “YES” or “NO”, all blank spaces must be completed if they apply.
- This form must be signed and dated by ALL leaseholders.
- You must provide ALL income verification(s) as defined beside each income source.
- You must report all jobs/employment in the household – all full time, part time, casual, seasonal, and contract work. Provide your four (4) most recent paycheque stubs for each source of income. If you have any questions about what to report please call your Account Administrator, at 587 390-1200.

Additional space for household occupants, if required:

FIRST NAME	LAST NAME	DATE OF BIRTH YY MM DD	RELATIONSHIP (wife, son, daughter)	INDICATE IF A STUDENT	DO YOU RECEIVE INCOME? IF YES, STATE SOURCE.	MONTHLY INCOME
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$