

REQUEST FOR RENT ADJUSTMENT – See Reverse

Name : _____
 Address : _____
 Calgary, Alberta Postal Code _____

Payment Account Number: _____

HOME PHONE _____ **BUSINESS PHONE** _____ **CELL PHONE** _____

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

- Employment income Yes No **If yes**, provide copies of four most recent paycheque stubs. A letter from the employer verifying gross monthly earnings **will only** be accepted if you started working in the last 4 weeks.
 (full time/part-time/casual/seasonal or contract) Company Name #1 _____ Start Date _____
See Reverse Company Name #2 _____ Start Date _____
- Do you receive tips or commissions? Yes No **If yes**, \$ _____ average monthly.
- Self-employed income Yes No **If yes**, please complete a Statement of Business Income and Expenses form which is available at our office.
- Employment Insurance Yes No **If yes**, provide documentation from Employment Insurance stating your gross weekly benefit rate. **If you have just applied for benefits, date you applied** _____. **We require a copy of your Record of Employment and your final two (2) paycheque stubs.**
- Workers' Compensation Yes No **If yes**, provide copies of your most recent four (4) WCB cheque stubs. Start Date _____
- A.H.R.E./AISH /Social Assistance Adult Health Benefit Yes No **If yes**, provide a copy of the two part Health Benefit Card (showing family names, address, and budget amounts). Worker's Name _____
 Worker's Office _____ Phone Number _____
- Pension/Benefits Yes No **If yes**, \$ _____ provide copies of most recent cheque stubs or bank statements. Please specify the type of pension/benefit you are receiving _____
- Child Support Yes No **If yes**, \$ _____ provide verification from the person paying support or a copy of the court order.
 Is this through Maintenance Enforcement? Yes No
If yes, a printout for the last 12 months may be required.
- Student Loans/Grants Yes No **If yes**, provide a copy of the Notice of Assessment or Original Funding Assessment Decision Letter detailing funding, along with copies of receipts of paid tuition fees and books.
- Other Income Yes No **If yes**, please specify _____ and include verification.

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. (Please use reverse side if additional space is required)		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 over the age of 15.	
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
			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

Cost Centre AA

CH801 RA Form Revised June 2013

IMPORTANT INFORMATION – Please read carefully and complete this checklist before submitting.

*Reductions in rent will become effective on the first day of the month following the date that our office receives a Request for Rent Adjustment form fully completed, along with **all** information required to review the request.*

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.