

## RENT REVIEW FORM



Name \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_.**

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

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

Income Type	Yes	No	IF YES, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:	\$/Month
Employment income (full-time/part-time/casual/seasonal or contract)	<input type="checkbox"/>	<input type="checkbox"/>	4 most recent paystubs. A letter from the employer verifying gross monthly earnings <b>will only</b> be accepted if you started working in the last 4 weeks. Company Name #1 _____ Start Date _____ Company Name #2 _____ Start Date _____	\$
Tips or Commissions	<input type="checkbox"/>	<input type="checkbox"/>	Note your average monthly tips or commissions.	\$
Self-employed income	<input type="checkbox"/>	<input type="checkbox"/>	Most recent Income Tax Notice of Assessment including your Statement of Business Activities (form T2125). How many months did you work 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.	\$
Employment Insurance (EI) Planning to apply for EI	<input type="checkbox"/>	<input type="checkbox"/>	Verification from Employment Insurance stating your weekly benefit rate. <b>If you have just applied for EI, what date did you apply? _____ Provide a copy of your Record of Employment and your final 2 paystubs.</b> If you receive the EI Family Supplement, include verification.	\$
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	4 most recent WCB cheque stubs. Start Date _____	\$
AISH	<input type="checkbox"/>	<input type="checkbox"/>	Current two part Health Benefit Card (with budget amounts).	\$
Social Assistance/ Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Current two part Health Benefit Card (with budget amounts).	\$
Adult Health Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Current card and approval/renewal letter for Adult Health Benefits.	
Pension/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Current bank statement or cheque stubs. Type of pension/benefit _____	\$
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Verification from the person paying support or the court order. Is this through Maintenance Enforcement? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>If yes</b> , provide printout for last 12 months.	\$
Investment Income	<input type="checkbox"/>	<input type="checkbox"/>	Bank statement or T5 slip stating interest earned.	\$
Student Grants/ Alberta Works	<input type="checkbox"/>	<input type="checkbox"/>	Funding Assessment Decision Letter.	\$
Alberta climate leadership adjustment rebate - ACLAR	<input type="checkbox"/>	<input type="checkbox"/>	Annual approval letter. <b>See reverse for additional information about ACLAR.</b>	\$ 3 month
Other Income	<input type="checkbox"/>	<input type="checkbox"/>	Please specify the source of income _____ and include verification.	\$

**If you checked No to all of the above income sources, attach a letter explaining 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 working (25 years of age or less)			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 (spouse, son, daughter)	FULL-TIME 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 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 \_\_\_\_\_

# IMPORTANT INFORMATION

A reduction in rent will be effective **the month following** the date our office receives a fully completed Rent Review form along with **all** supporting income documents.

**ACLAR (Alberta climate leadership adjustment rebate)/Carbon rebate payments are received on the same day as GST (payments are made on January 5, April 5, July 5, and October 5). Information about your payments can be found on your “My Account” on the Canada Revenue Agency website (Canada.ca) under “Benefits and Credits.”**

Please read carefully and complete this checklist before submitting.

**CHECKLIST:**

- Form is fully completed (in ink). All boxes are checked either “Yes” or “No” and all blank spaces are completed if they apply.
- Form is signed and dated by ALL leaseholders.
- Provide ALL income verification as defined beside each income source.
- Report all jobs/employment in the household – all full-time, part-time, casual, seasonal, and contract work. Provide your 4 most recent paystubs 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 (spouse, son, daughter)	FULL-TIME 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"/>	\$

**EMERGENCY CONTACT PERSON:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 \_\_\_\_\_

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.