



Date

Resident(s) Name:

Address:

Payment Account Number

To review your rent and/or determine your continued eligibility, please complete the attached Annual Recertification form, and return it along with income verification.

Please note that without the Annual Recertification form and the required income verification documents, we will be unable to review your eligibility and set your rent for the next lease term. This may result in the termination of your tenancy, requiring you to vacate the unit.

Please review the following **CHECKLIST** and provide the required documents:

- I/We have included the most recent Notice of Assessment for all household members aged 22 and older. If the Notice of Assessment is unavailable or does not accurately reflect our current income, I/We will contact the Housing Administrator.
- A copy of the current 3-part benefits card has been included for all individuals receiving AISH (Assured Income for the Severely Handicapped) or Alberta Works Income Support.
- The form is signed and dated by all household members aged 22 and over.
- Proof of any additional income has been provided.
- I/We have included proof of full-time school registration for all household members aged 22 and older.
- I/We are claiming no income and have provided the last three months of bank statements showing all deposits for all household members aged 22 and over who have no income.

PLEASE UPDATE THE FOLLOWING INFORMATION

1. Have the members in your household changed since your last annual review (birth of a child, family members moved in or out)? Yes No If yes, please provide further information and supporting documents.
2. Current contact number _____ Email Address _____
3. Is anyone in your household pregnant? YES NO If yes, please provide due date of expected baby
4. Does anyone in the household own/lease a vehicle? YES NO If yes, provide the following details:

	Year	Make	Model	Color	License Plate	Parking stall number
Vehicle#1						
Vehicle#2						

5. Do you have a pet? YES NO . If yes, please provide the following detail:

	Number of pet(s)	Breed(s)	Age(s)	Weight(s)	Color(s)
Cat					
Dog					
Other					

EMERGENCY CONTACT PERSON:

Name: _____ Phone Number: _____ Relationship: _____

If you have any questions about the Annual Recertification form, please contact your Housing Administrator.

PAYMENT ACCOUNT NUMBER#



HOME PHONE

EMAIL ADDRESS

List ALL individuals who reside in the housing unit (including yourself). For those 22 years of age and older please select the income sources that apply to you. I/WE DECLARE that my/our income for all persons in the household (22 years of age and older) is listed below.

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP (spouse, son, daughter)	FULL-TIME STUDENT?	INCOME SOURCE							
		MM DD YYYY			Employment Income	Self- Employment Income	AISH	Income Support	Pension	Student Grant	Other	No Income
			Self									

PLEASE READ AND SIGN THIS FOIP COLLECTION STATEMENT (ALL LEASEHOLDERS)

Calgary Housing (CH) is collecting your personal information pursuant to section 33(c) of the FOIP Act to determine eligibility for housing. CH may use or disclose your name, date of birth and address to applicable third-party organizations solely for purposes of verifying application eligibility; these may include landlords, employers, credit bureaus and social or Government agencies. If you have any questions about this collection, use or disclosure of your personal information, please contact our FOIP Coordinator at chfoip@calgary.ca, or by telephone at: 368-886-3165 or at 200, 2535-3rd Ave, Calgary AB, T2A7W5.

DECLARATION:

I/We declare that all information given herein and herewith is true and complete in all respects. I/We agree to notify Calgary Housing, of any changes to my/our 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, or failure to report all changes as required may result in recovery action and termination of tenancy.

Leaseholder's Signature _____

Date _____

INTERPRETER STATEMENT: As the above resident(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 _____

Interpreter Signature _____

Phone Number _____