

## 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)			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			Note your average monthly tips or commissions.	\$
Self-employed income (including taxi, Uber, and home-based business)			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.	\$
Business income			T2 Corporation Income Tax return and certificate of incorporation.	
Employment Insurance (EI) Planning to apply for EI			Verification from Employment Insurance stating your <u>weekly benefit rate</u> (printout of "My Latest Claim" on your My Service Canada account). <b>If you have just applied for EI, what date did you apply?</b> _____ <b>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			4 most recent WCB cheque stubs or a letter from WCB. Start Date _____	\$
AISH			Current two part Health Benefit Card (with budget amounts).	\$
Social Assistance/Income Support			Current two part Health Benefit Card (with budget amounts).	\$
Pension/Benefits			Current bank statement or cheque stubs. Type of pension/benefit _____	\$
Child Support			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			Bank statement or T5 slip stating interest earned.	\$
Student Grants/Alberta Works			Funding Assessment Decision Letter.	\$
Other Income			Please specify the source of income _____ and include verification.	\$

**If you checked No to all of the above income sources, attach current bank statement and a letter explaining your household's means of support.**

**List all individuals who reside in the housing unit (including yourself) and their gross monthly income from ALL sources.**

FIRST NAME	LAST NAME	DATE OF BIRTH MM DD YYYY	RELATIONSHIP (spouse, son, daughter)	FULL-TIME STUDENT?	DO YOU RECEIVE INCOME? IF YES, STATE SOURCE.	MONTHLY INCOME
			Self	Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$
				Yes No	Yes No	\$

**Provide confirmation of registration for any FULL-TIME student who is working (25 years of age or less).**

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

Have any household members vacated the unit since your last annual review? Yes No  
 If yes, please provide a signed letter stating the date they vacated and their forwarding address (if not already provided).

### DECLARATION: PLEASE READ AND SIGN THIS STATEMENT (ALL LEASEHOLDERS)

I declare that all information given herein and herewith is true and complete in all respects. I agree to notify Calgary Housing Company, in writing, changes to my financial or family circumstances as changes occur. I 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 give Calgary Housing Company my consent to make inquiries that are necessary to verify the information given in this form and I authorize any person, corporation, government or social agency to release to Calgary Housing Company information pertinent to the assessment of my 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.*

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.

## 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.