

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 have included the Notice of Assessment for everyone in my home 22 years of age and older. I will reach out to my Housing Administrator if a Notice of Assessment is not available for the most recent taxation year, or if the Notice of Assessment is not an accurate reflection of the family member’s current income.

Everyone with their name on our lease agreement signed this form and added the date next to their signature.

I have included proof of any additional income or supplementary benefits my household receives.

I have included the proof of registration for everyone in my home 24 years old and under who are in school full time. If members of your household who are 24 years old and younger are working and attending school full-time, we may not include their income as part of your total household income.

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 4(c) of the Protection of Privacy Act “POPA” to verify eligibility for housing. CH may use or disclose your name, date of birth, 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. Your information may be used in an automated system to generate content to make decisions, recommendations or predictions. If you have any questions about this collection, use or disclosure of your personal information, please contact our Access and Privacy Coordinator at chprivacyprogram@calgary.ca, or by telephone at: 368-886-3165.

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_____Leaseholder’s Signature_____Date_____

Leaseholder’s Signature_____Date_____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 _____