



The Champion's Centre
435 N. Railway
Medicine Hat AB T1A2Z3
(403) 504-0879

PERSONAL INFORMATION

Last Name:	First Name & Initial:	Maiden Name if Applicable:
Home Phone Number:	Work Phone Number:	Cell Phone Number:
Date of Birth:	Gender: Please Circle Female Male	

Current Address – Street:	City:	Postal Code:
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Mailing Address – if different from above:	City:	Postal Code:
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RESIDENCY

Is your present accommodation a: (circle)						
Row House	Duplex	House	Apartment	Triplex	Four Plex	Six Plex

Rooms in your present accommodation: (circle)		
Kitchen	Living Room	Dining Room Number of Bedrooms: _____ Number of Bathrooms: _____

Do you share any part of your present accommodation with person(s) not applying on this application? (circle)		
No	Yes – how many other persons? _____ Number of adults _____ Number of Children _____	
What part of the accommodation is shared? _____		

How much do you pay for rent? \$	Lease expiry date:	How long have you lived there?
How much do you pay for electricity? \$	For Heat? \$	For Water? \$

If you do not pay rent, do you contribute financially? Yes No
If yes, provide details: _____

If you have lived in your present accommodations less than six months, list where else you have lived in the last six months: _____

months:		
Address including city	From	To

Describe the circumstances which have led you to apply for subsidized housing:

EMPLOYMENT AND INCOME – List **all** sources of income, and amounts, for everyone 15 years of age and older – Please attach proof of income.

1. Applicant's Name	Employer's Name and Phone Number		Start Date
Employment	\$	Child Support	\$
AISH	\$	Spousal Support	\$
Employment Insurance (E.I.)	\$	Child Tax Credit	\$
Income Support (S.F.I.)	\$	AFETC	\$
Other	\$	GST	\$

Previous Employer:	From:	To:

Describe your employment skills and trades:
What is the highest level of education you have received?

2. Applicant's Name	Employer's Name and Phone Number		Start Date
Employment	\$	Child Support	\$
AISH	\$	Spousal Support	\$
Employment Insurance (E.I.)	\$	Child Tax Credit	\$
Income Support (S.F.I.)	\$	AFETC	\$
Other	\$	GST	\$

Previous Employer:	From:	To:

Describe your employment skills and trades:
What is the highest level of education you have received?

ASSETS AND DEBTS

Do you have any of the following?		
Type of Asset	Total Value	Total Income or Interest Received Per Year
Bank Deposits – Savings & Chequing	\$	\$
Equity in Real Estate	\$	\$
Guaranteed Investment Certificates GIC	\$	\$
Inheritance on Insurance Settlements	\$	\$
Mutual Funds	\$	\$
Net Worth of Business	\$	\$

Retirement Savings Plans (RSP)	\$	\$
Savings Certificate	\$	\$
Stocks or Bonds	\$	\$
Term Deposits	\$	\$

Do you own a house?	Yes	No	Equity in House \$	If yes, please attach a copy of your Mortgage Statement
Do you own a mobile home?	Yes	No	Equity in Mobile Home \$	If yes, please attach a copy of your Chattel Statement
Do you own a vehicle?	Yes	No	Equity in Vehicle \$	Year and Model
Do you own a second vehicle?	Yes	No	Equity in Second Vehicle \$	Year and Model

If you do not own a vehicle, what is your main form of transportation?

List all current debts:		
Who do you owe?	Amount Owed	Monthly Payment

CONTACTS

Please list Emergency Contact (Relatives or Friends)	Please List Your Social Worker/Counselor/AISH Worker
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship:	Type of Worker:

Please List Three References	
#1 Name:	Phone Number:
#2 Name:	Phone Number:
#3 Name:	Phone Number:

MISCELLANEOUS QUESTIONS:

Have you ever applied for subsidized housing in Medicine Hat? No Yes - When _____

Have you ever been a tenant of subsidized housing in Medicine Hat? No Yes

If yes, list the address and date you vacated _____

If currently renting, have you been given an eviction notice? No Yes - Please attach a copy

Do you have a valid driver's license? Yes No

Are you a Canadian citizen? Yes No - Attach a copy of Immigration papers

Do you need an interpreter? No Yes - Name & Phone Number: _____

Does anyone in your household have physical limitations? No Yes

If yes, indicate the limitations _____

Is anyone in the household pregnant? No Yes - Due date: _____

If yes, please attach a Doctor's note

NO PETS ARE ALLOWED IN ANY OF THE CHAMPION'S CENTRE INC. UNITS

Do you have a pet? No Yes

If yes, are you willing to find your pet another home if offered housing? Yes No

Is there any other additional information you believe the Medicine Hat Community Housing Society needs to better understand your need for subsidized housing? i.e. health, marital situation, condition of current accommodation:

HEALTH INFORMATION

Are you currently under a doctor's care? Yes No

Doctor's Name: _____ Doctor's Phone Number: _____

Briefly describe your health problems, past and present:

List your prescription medications and dosages:

Medication	Dosage	Medication	Dosage	Medication	Dosage

ADDICTIONS

Do you have any addictions?

Substance	How often used?	When last used?
Tobacco		
Alcohol		
Cannabis		
Opiates		
Cocaine		
Inhalants		
Amphetamines		
Hallucinogens		
Gambling		
Other:		

Please provide details of any addiction treatment programs you have participated in:

CRIMINAL RECORDS

Do you now have, or have you had, any issues with the law? Yes No

If yes, please provide complete details including charges, convictions, penalties and dates:

Do you have any outstanding warrants or fines? Yes No

If yes, please provide complete details:

Are you on parole? Yes No

_____ Contact _____

Name of Parole Officer _____ Number: _____

Are you on probation? Yes No

Name of Probation Officer _____ Contact Number: _____

Will you authorize us to do a criminal record search? Yes No

CONSENT

I hereby consent that any and all information pertaining to a criminal record registered in my name with the national repository for criminal records in Canada may be provided to authorized persons of THE CHAMPION'S CENTRE INC. I further agree to absolutely release, discharge, and absolve THE CHAMPION'S CENTRE INC. and its employees from all claims, losses or damages, including indirect or consequential, occasioned by me during or as a result of any investigation for a criminal record.

Signature: _____ Date: _____

Witness Signature: _____ Witness Name: _____

Do not sign below. This will be signed in the presence of the Centre Manager

STATUTORY DECLARATION

I/We _____ of the City of Medicine Hat in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant on the said application,
2. That the statements made by me in the said declaration are, to the best of my knowledge, information and belief, full and true in all respects; And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me, at the City of Medicine Hat, in the Province of Alberta this _____ day of _____, 200____.

Signature of Applicant

Centre Manager Signature

The Tenancy created by this agreement is governed by the *Residential Tenancies Act* and if there is a conflict between this agreement and the Act, the Act prevails.