

Change of Household Information

- Please complete this form if you have had any changes to the number of people living in your household. This includes any new children.
- If you are adding a new household member, Civida will determine if they are eligible and notify you of the results.
- If the person you are adding is 15 year of age or older, please also submit the Change of Income Information form available on our website and proof of student status if they attend school full-time.
- If you have any questions, please contact Civida.
- Please submit this form to Civida in one of the following ways:
 - Via mail to 10232 112 Street, T5K 1M4
 - Fax to 780-426-6854
 - In person at our office
 - Email to help@civida.ca

SECTION ONE – PERSONAL INFORMATION

Please provide current contact information.

First Name(s) (current legal name)		Last Name (current legal name)		Preferred Name (if different)	
Unit Number	Street Address	City	Province	Postal Code	
Home Phone Number			Mobile Phone Number		
Email Address			Tenant Code		

SECTION TWO – HOUSEHOLD INFORMATION

In this section:

- Provide information for all **new** people who will be living with the primary (main) applicant.
- Write down the information as it appears on your government issued identification.
- If any household member has a status in Canada as "other" please explain.

First Name(s) (Current legal name)		Last Name (Current legal name)	
Relationship to Applicant	Gender	Birthday (DD/MM/YYYY)	

Date of Move In:

Citizenship Status:	Full-time Student:
☐ Canadian Citizen ☐ Permanent Resident ☐ Government Sponsored Refugee ☐ Other (please explain)	☐ No ☐ Yes

First Name(s) (Current legal name)		Last Name (Current Legal Name)	
Relationship to Applicant	Gender	Birthday (DD/MM/YYYY)	

Date of Move In:

Citizenship Status:	Full-time Student:
☐ Canadian Citizen ☐ Permanent Resident ☐ Government Sponsored Refugee	☐ No ☐ Yes



Civida.ca
E: help@civida.ca
P: 780-420-6161
F: 780-426-6854
10232 112 Street NW
Edmonton, AB T5K 1M4

☐ Other (please explain)

First Name(s) (Current legal name)		Last Name (Current Legal Name)	
Relationship to Applicant	Gender	Birthday (DD/MM/YYYY)	

Date of Move In:

Citizenship Status:	Full-time Student:
☐ Canadian Citizen	☐ No
☐ Permanent Resident	☐ Yes
☐ Government Sponsored Refugee	
☐ Other (please explain)	

SECTION THREE – REMOVING A HOUSEHOLD MEMBER

In this section:

- Please provide information if someone has moved out of your house.
- Write down the information as it appears on your government issued identification.
- If you are filling out the application on paper and need more space, please attach additional pages.

First Name(s) (current legal name)	Last Name (current legal name)
------------------------------------	--------------------------------

When did this person move out of your household (DD/MM/YYYY)

If are a tenant of Civida, please answer the following:

Is this person a leaseholder?

- ☐ No
- ☐ Yes – please submit a letter from the leaseholder releasing their rights to the unit and to the security deposit.

SECTION FOUR – AUTHORIZATION

All primary tenants, rent supplement recipients or applicants must complete the sections below:

- I/we authorize Civida to make any inquiries necessary to any government office, organization, agency or individual for the purposes of verifying the information provided in this form.
- I/we declare that the information provided in this form is true and complete.
- I/we understand:
 - A failure to respond to requests for additional information or documentation by Civida may result in my rent supplement or application being cancelled.
 - Providing false information to Civida may result in a 90-day Notice to Terminate Tenancy, the application being cancelled or no longer being eligible for services.
 - It is my/our responsibility to keep Civida updated on any changes to my/our circumstances or the information provided in this form.

This form must be signed by the primary tenants, rent supplement recipients or applicants.

Print Name	Signature	Date (DD/MM/YYYY)

The personal information collected on this form is directly related to and necessary for Civida to deliver services to you and it is collected under the authority of section 4 (c) of the Protection of Privacy Act ("POPA") and/or in accordance with any applicable agreements in place.

All personal information collected, at any time, will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of POPA. Limited information may also be used by Civida and/or provided to funders, community partners, and stakeholders for the purpose of developing programs, activities, or policies (e.g., research, statistical analysis) and for receiving provincial and/or federal funding. If you have any questions, please contact our ATI Coordinator at 780-420-6161 or at ATICoordinator@civida.ca.