



## Change of Income Information Form

- Please complete this form if you or a member of your household has had a change in income or if someone has moved into your home who is 15 years of age or older. Civida will recalculate your household income and notify you of the results.
- If you have any questions, please contact Civida.

You can also submit this form to Civida in one of the following ways:

- Email to [help@civida.ca](mailto:help@civida.ca)
- Mail to or drop off in person at 10232 112 Street, Edmonton, AB T5K 1M4
- Fax to (780) 426-6854

### SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the primary tenant, subsidy recipient or applicant.

First Name(s) (Legal Name)		Last Name (Legal Name)		Preferred Name (if different)	
Unit Number	Address	City	Province	Postal Code	
Home Phone Number			Mobile Phone Number		
Email Address			Tenant/Applicant Code		

### SECTION FOUR – INCOME INFORMATION

If there are members of the household between **15 and 64 years old**, please provide:

- All sources of income received by all household members including yourself and
- Include the most recent required documents for each source of income (see checklist below)

Are any members of your household **65 years or older**? If yes, they will need to provide:

- Most recent Notice of Assessment from the Canada Revenue Agency showing the amount on line 15000, OR
- All sources of income and include required documents as proof of each source of income with the checklist.

Income Sources	Documents to Submit
<input type="checkbox"/> Employment Income	<ul style="list-style-type: none"> <li>• Paystubs for one month from the first of the month to the last day of the months (e.g.: May 1<sup>st</sup> – May 31<sup>st</sup>), OR</li> <li>• Documents from employer showing monthly gross amount</li> </ul>

<input type="checkbox"/> Employment Insurance	<ul style="list-style-type: none"> <li>• My Current Claims from My Service Canada Account including start and end dates and weekly gross amounts AND</li> <li>• Record of Employment (if available).</li> </ul>
<input type="checkbox"/> Self-employment or business income (including income from driving a taxi/Uber or owning a business)	<ul style="list-style-type: none"> <li>• Financial statement for one month's income completed by an accountant; OR</li> <li>• Statement of Income and Expenses form with relevant receipts (available on our website)</li> </ul>
<input type="checkbox"/> Income Support (e.g., Social assistance, Alberta Works, Learner Income Support)	<ul style="list-style-type: none"> <li>• Alberta Works or Income Support budget showing amount including Core Shelter amount; AND</li> <li>• household members and Learner Income Support or Skills Investment Bursary Notice of Assessment showing start and end date and full amount of student funding if applicable</li> </ul>
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	<ul style="list-style-type: none"> <li>• AISH Health/Medical Budget Benefit card showing amount and household members</li> <li>• If you are receiving CPP disability, please provide documentation showing gross monthly amount</li> </ul>
<input type="checkbox"/> Refugee Resettlement Assistance Program	<ul style="list-style-type: none"> <li>• Immigration, Refugees and Citizenship Canada documentation with start and end date and amount per month</li> </ul>
<input type="checkbox"/> GST Credit	<ul style="list-style-type: none"> <li>• Government Benefits Notice from Canada Revenue Agency</li> </ul>
<input type="checkbox"/> Canada Child Benefit	<ul style="list-style-type: none"> <li>• Government Benefits Notice from Canada Revenue Agency</li> </ul>
<input type="checkbox"/> Government Family Support (e.g., kinship care, foster care, Child and Youth Support program)	<ul style="list-style-type: none"> <li>• Documentation from government showing breakdown of amount received</li> </ul>
<input type="checkbox"/> Child Support	<ul style="list-style-type: none"> <li>• Creditor Statement of Account from Maintenance Enforcement, OR</li> <li>• Court order or agreement, OR</li> <li>• Letter from parent paying support</li> </ul>
<input type="checkbox"/> Partner/Spousal Support	<ul style="list-style-type: none"> <li>• Creditor Statement of Account from Maintenance Enforcement, OR</li> <li>• Court order or agreement, OR</li> <li>• Letter from partner/spouse paying support</li> </ul>
<input type="checkbox"/> Student Loans	<ul style="list-style-type: none"> <li>• Documentation from Alberta Student Aid showing amount received and dates attending school.</li> </ul>
<input type="checkbox"/> Student awards, scholarships, bursaries, or grants	<ul style="list-style-type: none"> <li>• Documentation from awarding organization showing amount</li> </ul>
<input type="checkbox"/> Canada Pension Plan (including survivor, children or disability benefits)	<ul style="list-style-type: none"> <li>• My Service Canada payment printout; OR</li> <li>• T4A(P) or Canada Pension Plan Form on our website</li> </ul>



<input type="checkbox"/> Old Age Security (OAS)/ Guaranteed Income Supplement (GIS)	<ul style="list-style-type: none"> <li>• My Service Canada payment printout; OR</li> <li>• T4A (OAS) or Canada Pension Plan Form on our website</li> </ul>
<input type="checkbox"/> Alberta Seniors Benefit	<ul style="list-style-type: none"> <li>• Documentation from government showing gross amount per month; OR</li> <li>• T5007 (Statement of Benefits) or Alberta Seniors Benefit form on our website</li> </ul>
<input type="checkbox"/> Private Pension	<ul style="list-style-type: none"> <li>• Documentation from pension provider or annual or monthly gross income; OR</li> <li>• T5007 (Statement of Benefits); OR</li> <li>• Alberta Seniors Benefit form on our website</li> </ul>
<input type="checkbox"/> Treaty/Band Funding	<ul style="list-style-type: none"> <li>• Documentation with funding amount and start and end date</li> </ul>
<input type="checkbox"/> Workers' Compensation Board (WCB)	<ul style="list-style-type: none"> <li>• Documentation from WCB with amount and start and end date</li> </ul>
<input type="checkbox"/> Short or Long Term Disability Income	<ul style="list-style-type: none"> <li>• Long term: documentation from insurance provider of annual or monthly gross income</li> <li>• Short term: documentation from employer indicating benefit amount and start and end date</li> </ul>
<input type="checkbox"/> Support from family/friends	<ul style="list-style-type: none"> <li>• Signed and dated letter from family member or friend providing support with amount per month</li> </ul>
<input type="checkbox"/> Investments	<ul style="list-style-type: none"> <li>• Financial Statement showing interest earned or T5 (Statement of Investment)</li> </ul>
<input type="checkbox"/> No sources of income	<ul style="list-style-type: none"> <li>• Please complete the "No Income Declaration" form</li> </ul>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> <li>• Please explain and provide proof of income</li> </ul>



**SECTION THREE – 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)

*This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs 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 Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca*