



# Private Landlord Rent Supplement Annual Income Review

- Please ensure that all information and documents submitted are true to the best of your knowledge.
  - The primary rent supplement recipients must sign the completed form.
  - All additional forms are available on our website at [www.civida.ca](http://www.civida.ca) or in our office.
  - If you have any questions, please contact Civida.
- Please submit this form to Civida via mail, fax, in person at our office or by email to [help@civida.ca](mailto:help@civida.ca).

## SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the primary recipient.

Given Name(s)		Surname (Last 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

Please list the full legal name all people who live with you. Provide information as it appears on government issued identification. If you need more space, please attach additional pages. If any household member 15 years of age or older is a student, please submit proof of school enrollment.

Given Name(s)	Surname (Last Name)	Student
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes



### SECTION THREE – INCOME INFORMATION

What is your total gross household income per month from all sources? \_\_\_\_\_

For household members 65 years of age or older:

- please submit your most recent Notice of Assessment from Canada Revenue Agency showing the amount on Line 150; or,
- if you do not have a Notice of Assessment, check all sources of income received by all household members including yourself and include the most recent required documents as proof of each source of income with this checklist.

For household members between 15 and 64 years of age:

- check all sources of income received by all household members including yourself and
- include the most recent required documents as proof of each source of income with this checklist.

Source of Income	Documents to Submit
<input type="checkbox"/> Employment Income	Full calendar month of paystubs with pay dates in the same month or documentation from employer showing monthly gross amount
<input type="checkbox"/> Employment Insurance	My Current Claims from My Service Canada Account and Record of Employment
<input type="checkbox"/> Self-employment or business income (including income from driving a taxi/Uber or owning a business)	Financial statement for one month's income completed by an accountant or Statement of Income and Expenses form with relevant receipts
<input type="checkbox"/> Income Support (e.g., Social assistance, Alberta Works, Learner Income Support)	Alberta Works or Income Support budget showing amount and 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
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH)	AISH Health/Medical Budget Benefit card showing amount and household members
<input type="checkbox"/> Refugee Resettlement Assistance Program	Immigration, Refugees and Citizenship Canada documentation with start and end date and amount per month
<input type="checkbox"/> Government Tax Benefits (e.g., GST Credit, Canada Child Benefit)	Government Benefits Notice from Canada Revenue Agency
<input type="checkbox"/> Government Family Support (e.g., kinship care, foster care, Child and Youth Support program)	Documentation from government showing breakdown of amount received
<input type="checkbox"/> Child Support	Creditor Statement of Account from Maintenance Enforcement, court order or agreement, or letter from parent paying support
<input type="checkbox"/> Partner/Spousal Support	Creditor Statement of Account from Maintenance Enforcement, court order or agreement, or letter from partner/spouse paying support
<input type="checkbox"/> Student Loans	Documentation from Alberta Student Aid
<input type="checkbox"/> Student awards, scholarships, bursaries or grants	Documentation from awarding organization showing amount



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<input type="checkbox"/> Canada Pension Plan (including survivor, children or disability benefits)	My Service Canada payment printout or T4A(P) or Canada Pension Plan Form on our website
<input type="checkbox"/> Old Age Security (OAS)/Guaranteed Income Supplement (GIS)	My Service Canada payment printout or T4A (OAS) or Canada Pension Plan Form on our website
<input type="checkbox"/> Alberta Seniors Benefit	Documentation from government showing gross amount per month or T5007 (Statement of Benefits) or Alberta Seniors Benefit form on our website
<input type="checkbox"/> Private Pension	Documentation from pension provider of annual or monthly gross income or T4A (Statement of Pension, Retirement, Annuity & Other Income)
<input type="checkbox"/> Treaty/Band funding	Documentation with funding amount and start and end date
<input type="checkbox"/> Workers' Compensation Board (WCB)	Documentation from WCB with amount and start and end date
<input type="checkbox"/> Short or Long-Term Disability income	Documentation from insurance provider of annual or monthly gross income (long term) or from employer indicating benefit amount and start and end date (short term)
<input type="checkbox"/> Support from family/friends	Signed and dated letter from family member or friend providing support with amount per month
<input type="checkbox"/> Investments	Financial Statement showing interest earned or T5 (Statement of Investment Income)
<input type="checkbox"/> Other	Please explain and provide proof of income:

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<input type="checkbox"/> No Income	There are no income sources.
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## SECTION FOUR – EMERGENCY CONTACT(S)

Please list people who we can contact for or with information about you in the case of an emergency.

Emergency Contact One

Given Name(s)		Surname (Last Name)	
Relationship to you	Main Phone Number	Alternate Phone Number	

Emergency Contact Two

Given Name(s)		Surname (Last Name)	
Relationship to you	Main Phone Number	Surname (Last Name)	

## SECTION FIVE – AUTHORIZATION

All primary rent supplement recipients 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 application.

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 being cancelled
- Providing false information to Civida may result in 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 annual income review.

The Annual Review must be signed by the primary rent supplement recipients.

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 Capital Region Housing 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](mailto:FOIPCoordinator@civida.ca).*