



Civida.ca

E: [help@civida.ca](mailto:help@civida.ca)

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW

## Change of Contact Information

- Please complete this form if you have had any changes to your contact information. It is important to keep Civida updated if your contact information changes so we can get in touch with you.
- If you are changing your legal name, please submit a copy of your Change of Name Certificate. For more information, see the Government of Alberta's website: <https://www.alberta.ca/legal-name-change.aspx>.
- If you are assuming a married last name, please submit a copy of your Marriage Certificate. For more information, see the Government of Alberta's website: <https://www.alberta.ca/getting-married.aspx#1116102>.
- Please only send copies of requested documents. Originals will **not** be returned.
- **If you are a current tenant and you are giving notice that you are moving, please complete the Notice of Move Out. Do not complete this form.**
- If you are a subsidy recipient or applicant and you have moved or are planning to move, please complete the Change of Rental Information form available on our website at [www.civida.ca](http://www.civida.ca).
- 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 complete this section for the primary applicants, tenants or subsidy recipients. Provide information as it appears on government issued identification.

First Name(s) (current legal name)		Last Name (current legal)		Preferred Name (if different)	
Unit Number	Street Address	City	Province	Postal Code	
Mailing Address (if different from above)					
Home Phone Number			Mobile Phone Number		
Email Address			How would you like to be contacted?		
			<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		



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## SECTION TWO – 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 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@crhc.ca](mailto:FOIPcoordinator@crhc.ca)*