

**APPLICATION FOR SUBSIDY FOR HOUSING**

**LOW INCOME FAMILIES**

Seniors' Homes & Community Housing	CALLS IN & OUT	PLACEMENT
Donna J. Andres, Housing Administrator		
Room 137A, 5201 - 50 Avenue, Wetaskiwin, AB, T9A 0S7		
Phone: 780-352-4437, Fax: 780-352-4458		
<a href="http://www.srshomes.com">www.srshomes.com</a>		

This personal information is being collected by **Seniors' Homes & Community Housing**, Wetaskiwin, Alberta. Under the authority of the Alberta Housing Act, It will be used to assess the applicant(s) need for rent subsidy as specified under the Act's Social Housing Accommodation Regulations and is protected by the privacy provisions of the **Freedom of Information and Protection Act**.

Instructions for completing application

All documentation must be provided and all questions answered with the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of. Your completed application should be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge. Please call the office to arrange for a time to have your application assessed and your signature(s) witnessed.

**You are required to provide the following:**

- Documentation to verify current 3 months residency in any of the requisitioning communities of the City of Wetaskiwin, County of Wetaskiwin, or the Town of Millet. A signed letter from the landlord stating your move-in date or 3 months rent receipts.
- Documentation to verify all sources of income (other than Child Tax Credit or GST Rebate). This includes Employment earnings, Unemployment Insurance, Workers' Compensation, Social Assistance, child support, oil royalties, etc. A letter from the appropriate official must be attached verifying the income amount. *(Forms are available in the office.)*
- A signed letter from the employer of each working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment. *(Forms are available in the office.)*
- A copy of your most recent pay cheque, benefit cheque, pension cheque, etc., or a stub from these for each member of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for household head, spouse, and all dependents over the age of 18.
- Your valid Alberta Health Care card. Hospital cards will not be accepted. *(Copies can be made at our office.)*

**\*\*Applications will not be processed unless all documentation is provided and all questions are fully answered.\*\***

Please note that this application will remain on file for a period of six (6) months. During this time, it is your responsibility to contact this office to report any changes in your circumstances. Should you wish to remain on our wait list for subsidized housing, please call us prior to this deadline.

HOUSING ASSOCIATION USE ONLY

NAME: \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

CHECK IN \_\_\_\_\_ CHECK IN \_\_\_\_\_ CHECK IN \_\_\_\_\_

CHECK IN \_\_\_\_\_ CHECK IN \_\_\_\_\_ CHECK IN \_\_\_\_\_

Unit# \_\_\_\_\_ PLRSP \_\_\_\_\_ DRSP \_\_\_\_\_

**SENIORS' HOMES & COMMUNITY HOUSING  
APPLICATION FOR SUBSIDIZED ACCOMMODATION  
(CONFIDENTIAL)**

Please answer all questions AND please print or type

1. Applicant's name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Messages: \_\_\_\_\_  
 Alberta Health Care No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

2. Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
 If common-law or separated, state how long: \_\_\_\_\_

3. Spouse's name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

4. List all persons; **including yourself**, who will be living with you, should your application be approved.

Last Name	First Name	Relationship to Applicant	Birth Date Month/Day/Year	Occupation/ School Grade
<b>Applicant</b>				

Is a baby expected? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

5. Are all members listed above Canadian Citizens? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, provide copies of immigration papers for members who are not Canadian Citizens.

6. Present Address: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_

7. Present rent or house payment is \$ \_\_\_\_\_ per month, plus  
 \$ \_\_\_\_\_ for heat, \$ \_\_\_\_\_ for light and \$ \_\_\_\_\_ for water and sewer.

8. Present Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 How long have you lived at this address? \_\_\_\_\_ (If less than 2 years, list previous addresses, landlords and length of tenancies for past 2 years. Use separate sheet if more room is required than provided.)  
 Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How long? \_\_\_\_\_  
 Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How long? \_\_\_\_\_  
 Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How long? \_\_\_\_\_

9. Present Home: House  Townhouse  Apartment  Rooming House  Hotel/Motel  Other

10. Rooms in your present accommodation include: Kitchen \_\_\_\_\_ Living Room \_\_\_\_\_  
 Dining Room \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

11. Do you share any part of this accommodation with other person (s) than those listed in question #4?  
 Yes \_\_\_\_ No \_\_\_\_ If yes, how many other persons? No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_  
 What part of the accommodation is shared? \_\_\_\_\_

Do you pay rent? Yes  No  If No, do you contribute financially? Yes  No

If yes, specify: \_\_\_\_\_

12. Is any member of your family handicapped? Yes  No  if yes, specify \_\_\_\_\_

Do you require a handicapped unit? Yes  No

13. Do you have pets? Yes  No  If yes, what kind and how many? \_\_\_\_\_

(Pets are not approved for any of our accommodations)

14. **Reasons for wanting to move.** Please use the following space to describe your present accommodation and to provide any information you would like us to be aware of which would assist in assessing your application for subsidized housing.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.**

15. ASSETS: Cash on Hand \$\_\_\_\_\_ Bank Account \$\_\_\_\_\_ Stocks, Bonds, Mutual Funds, \$\_\_\_\_\_  
 Real Estate \$\_\_\_\_\_ Mortgage (s) \$\_\_\_\_\_ Other Assets \$\_\_\_\_\_ (i.e. boat, camper, tools, RV)

(NOTE: Essential personal and household effects such as clothes, furniture, vehicles, etc. are not to be included as assets.)

16. DRIVER'S LICENSE # Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Car (1) \_\_\_\_\_  
 Year Make Model Color License Number

Car (2) \_\_\_\_\_  
 Year Make Model Color License Number

17. EMERGENCY CONTACT PERSON (Other than someone who will be sharing housing with you)

Name	Address	Relationship	Phone

**18. STATEMENT OF INCOME.**

NOTE: All information regarding your family's income must be complete and accurate. Provide details of employment held in the last twelve (12) months beginning with the most recent employer. (Copy of most recent income tax)

**APPLICANT'S NAME:** \_\_\_\_\_

**SOCIAL INSURANCE #** \_\_\_\_\_

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours of work per week

**CO-APPLICANT'S NAME:** \_\_\_\_\_

**SOCIAL INSURANCE #** \_\_\_\_\_

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours of work per week

**OTHER HOUSEHOLD MEMBER NAME:** \_\_\_\_\_

**SOCIAL INSURANCE #** \_\_\_\_\_

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours of work per week

**HAVE YOU RECEIVED ANY OTHER SOURCE OF INCOME IN THE PAST TWELVE (12) MONTHS?**

(Please indicate N/A if not applicable) (Please provide your most recent income tax assessment)

SOURCE OF INCOME	RECIPIENT	DATE – FROM	DATE – TO	GROSS MONTHLY
1. Student Grants/Allowances				
2. Employment insurance				
3. Worker's Compensation				
4. Social Assistance Benefits				
5. AISH				
6. Child Support / Alimony				
7. Other Income (tips, interest, royalties, etc)				
8. Pensions				
a. Old Age Security	_____	_____	_____	_____
b. Guaranteed Income Security	_____	_____	_____	_____
c. C.P.P.	_____	_____	_____	_____
d. Alberta Senior Benefits	_____	_____	_____	_____
e. Other	_____	_____	_____	_____

8. INCOME FROM SELF-EMPLOYMENT: \_\_\_\_\_ \$ \_\_\_\_\_  
 (Please submit financial statement)

I understand that this application does not constitute an agreement on the part of the Seniors' Homes & Community Housing to provide me with rental accommodation.

I further acknowledge the right of the Seniors' Homes & Community Housing at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the Seniors' Homes & Community Housing to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise the Seniors' Homes & Community Housing **in writing** of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

**I HEREBY GIVE PERMISSION FOR CURRENT OR PAST LANDLORDS TO RELEASE ANY INFORMATION WHICH DIRECTLY AFFECTS THIS APPLICATION FOR SUBSIDIZED HOUSING.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

DOMINION OF CANADA )  
PROVINCE OF ALBERTA )  
TO WIT: )

IN THE MATTER OF THIS APPLICATION FOR DWELLING  
ACCOMMODATION IN THE HOUSING PROJECT.

I/We, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows:

1. That I am/we are the applicant (s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta for \_\_\_\_\_ years of my life/ our lives, and in this district for \_\_\_\_\_ years.

And I/we 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 \_\_\_\_\_ of \_\_\_\_\_ )

in the Province of Alberta, this \_\_\_\_\_ day)

of \_\_\_\_\_, 20\_\_\_\_\_ )

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
A COMMISSIONER FOR OATHS IN AND FOR THE PROVINCE OF ALBERTA

My appointment expires on: \_\_\_\_\_ Commissioner Stamp: \_\_\_\_\_