



APPLICATION FOR ACCOMMODATION

COMMUNITY HOUSING / RENT ASSISTANCE BENEFIT PROGRAM

(CONFIDENTIAL)

Greater North Foundation

“Affordable Senior & Community Housing”

INSTRUCTIONS FOR COMPLETING APPLICATION

Complete **ALL** questions supplying **ALL** of 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. If you are requesting a Rent Assistance Benefit to assist with your current rent, please indicate this on page 5 of this application form.

PLEASE NOTE: It Is Your Responsibility To Keep Your Application Current And Updated With Pertinent Information. If we are unable to make contact, your Application will be removed from the Community Low Income Housing List and/or Rent Assistance Benefit Program. **This Application will only be valid for six (6) months unless you have contacted Manager to whom you submitted this Form.**

You will be required to provide the following:

- 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.
- If you or any member of your family is receiving Unemployment Insurance, Workers’ Compensation or Social Assistance, or A.I.S.H. a letter from the appropriate official must be attached verifying the amount of the benefit. (Form letters can be obtained from the Management Body.)
- Documentation to verify all other sources of income (other than Child Tax Credit) i.e. child support, oil royalties, etc.
- 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, and a copy of the previous year’s *Notice of Assessment (NOA)* for all who had filed taxes in that year.
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time student. This is required for household head, spouse and all dependents over the age of fifteen years.
- A copy of your valid Personal Health Care card and **ALL** who are living in the rental unit. **(includes every child)**
- For **RENT ASSISTANCE BENEFIT PROGRAM** we require a copy of your rental/lease agreement and a copy of your most recent rent receipt.

Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be canceled. However, it can be reactivated at any time in the following months. It is necessary to complete another application form.

THIS APPLICATION WILL NOT BE PROCESSED

UNLESS **ALL** QUESTIONS ARE FULLY ANSWERED and COPIES OF SUPPORTING DOCUMENTATION ARE PROVIDED AND MAILED OR FAXED TO:

Athabasca

4102-50 Street
Athabasca, Ab T9S 0A6
FAX: 780-675-2725

Boyle

Box 420
Boyle, Ab T0A 0M0
FAX: 780-689-3339

Lac La Biche

Box 154
Lac La Biche, AB T0A 2C0
FAX: 780-623-3636

Rent Assistance Benefit Program

Unit #1, 3603-53rd Street
Athabasca, Alberta T9S 1A9
FAX: 780-609-0555

MANAGEMENT BODY USE ONLY

Name: _____

Date Received: _____

APPLICATION FOR ACCOMODATION – COMMUNITY HOUSING /OR/ RENT ASSISTANCE BENEFIT SUBSIDY
(CONFIDENTIAL)

PLEASE PRINT: **NOTE: PLEASE ANSWER ALL QUESTIONS.**

1. Applicant's Name: _____
LAST NAME FIRST NAME (S)
 Home Telephone: () _____ Business Telephone: () _____
 Personal Health Care No: _____ Email Address: _____

Email Address: _____

2. Applicant's Name: _____
LAST NAME FIRST NAME (S)
 Home Telephone: () _____ Business Telephone: () _____
 Personal Health Care No: _____ **Email Address:** _____

3. MARITAL STATUS: Married Divorced Widowed Separated single Common law
 If Common law or Separated, state how long; _____

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 DAY/MONTH/YEAR

Is a Baby expected? YES NO If YES, please give estimate due date: _____

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: _____
(P.O. Box / Apartment No. / Street)

(Municipality / Town / Village) (Postal Code)

7. Do you own or rent your present accommodation? OWN RENT
 Present Rent or House Payment is \$ _____ per month, plus \$ _____ for heat,
 \$ _____ for light, and \$ _____ for water and sewer.

8. If Renting, name of present Landlord: _____
 Address: _____
 Telephone No: () _____

9. Is your present accommodation a; House Town House Apartment Rooming House
 Hotel/Motel Other (please list) _____

10. Rooms in your present accommodation: Kitchen Living Room Dining Room
 Number of Bathrooms Number of Bedrooms # _____ Bedrooms

11. Do you share any part of the accommodations with person(s) other than those listed in **Question #4?**

YES NO (If **YES** how many other person(s) ADULTS CHILDREN

What part of the accommodation is shared? _____

If you do not pay rent, do you contribute financially? YES NO
 If **YES**, please specify _____

12. Is any member of your family physically handicapped? YES NO
 If **YES**, please specify _____

Do you require a handicapped unit? YES NO

13. Do you have a pet? YES NO
 If **YES**, what kind(s) and how many of each? _____

14. Reasons for wanting to move: _____
 If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for the eviction.

15. **STATEMENT OF INCOME:**

VERIFICATION OF HOUSEHOLD INCOME MUST BE SUBMITTED WITH APPLICATION

NOTE: ALL INFORMATION REGARDING YOUR FAMILY'S INCOME MUST BE COMPLETED AND ACCURATE PROVIDE DETAILS OF CURRENT EMPLOYMENT HELD IN THE LAST TWELVE (12) MONTHS (BEGIN WITH MOST RECENT EMPLOYER).

Applicant Name:		Social Insurance No.			
COMPANY	ADDRESS	EMPLOYED	RATE OF PAY	HOURS PER WEEK	

WHEN DID YOUR SPOUSE LAST WORK? MONTH: _____ YEAR: _____

Co-Applicant/Spouse:		Social Insurance No.			
COMPANY	ADDRESS	EMPLOYED	RATE OF PAY	HOURS PER WEEK	

Other Household Member:		Social Insurance No.			
COMPANY	ADDRESS	EMPLOYED	RATE OF PAY	HOURS PER WEEK	

Other household Member:		Social Insurance No.			
COMPANY	ADDRESS	EMPLOYED	RATE OF PAY	HOURS PER WEEK	

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE		GROSS MONTHLY INCOME
		TO	FROM	
A. Student Grants Allowances				
B. Unemployment Insurance				
C. Workers Compensation				
D. Social Assistance (DO NOT include child Tax credit)				
E. Child Support, Alimony-Voluntary or Court Ordered				
F. A.I.S.H				
G. Other Income (Tips, Interest, Royalties etc.)				
H. Pensions Department				
1. Department of Veterans Affairs				
2. Old Age Security				
3. Canada Pension (Retirement, Widow, & Orphan Benefits)				
4. Guaranteed Income Supplement				
5. Alberta Income Supplement				
6. Company or Group Pension				
7. Other Pensions				
8. Income from Self Employment				

DETAILS OF SELF – EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT SUBJECT TO REVIEW BY THE MANAGEMENT BODY.

16. ASSETS:

Cash on Hand \$ _____

Cash in Bank Account \$ _____

Stocks, Bonds, Mutual Funds etc. \$ _____

Real Estate \$ _____

Mortgage(s) \$ _____

Other Assets \$ _____

NOTE: Essential personal and household effects such as; clothes, furniture, vehicles, etc. Are **NOT** included in assets.

17. DRIVERS LICENSE NUMBER#: _____

CAR -YEAR / MAKE / MODEL: _____ / _____ / _____ / _____ /

CAR -YEAR / MAKE / MODEL: _____ / _____ / _____ / _____ /

18. Please feel free to describe your present accommodation and any information you would like the *Tenant Selection Committee* to be aware of. This space is provided for you to explain your reasons for applying for community housing, or [Rent Assistance Benefit](#) and will assist us in the approval of your application.

PLEASE READ CAREFULLY:

I understand that this application does not constitute an agreement on the part of **GREATER NORTH FOUNDATION** or its agents, to provide me with rental accommodations.

I further acknowledge the right of **GREATER NORTH FOUNDATION**, or its agents, at any time prior to the execution and delivery to me of a lease, thereby applied for, to withdraw, revoke, cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize **GREATER NORTH FOUNDATION**, or its agents 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 **GREATER NORTH FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

***** || *****

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMODATION IN THE HOUSING PROJECT

I, We _____, of the _____ of _____, in the Province of Alberta, do solemnly declare as follows;

1. That I/We am/are the applicant(s) named in this application;
2. That the statements made by me/us in this 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/our lives and in the 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 _____ of _____, 2 _____)

Signature of Applicant

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Month/Year