

## **APPLICATION FOR ACCOMMODATION-AFFORDABLE HOUSING (CONFIDENTIAL)**

**PLEASE READ CAREFULLY**

### **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.

**You will be required to provide the following:**

- A signed letter from the employer of EACH working member in you 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, a letter from the appropriate official must be attached verifying the amount of the benefit. (Form letters can be obtained from the Housing Foundation Office.)
- Documentation to verify all other sources of income (other than Family Allowance) 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.
- 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 eighteen years.
- A copy of your valid Alberta Health Care card.

Your completed application must 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.

**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 cancelled. However, it can be reactivated at any time in the following 12 months. It is not necessary to complete another application form.**

**THIS APPLICATION WILL NOT BE PROCESSED**

**UNLESS ALL QUESTIONS ARE FULLY ANSWERED.**

If a translator was required to complete this application, please provide their name and telephone number.

\_\_\_\_\_  
Translator's Name

\_\_\_\_\_  
Telephone Number

.....  
**HOUSING FOUNDATION USE ONLY**

Name: \_\_\_\_\_

Date Received: \_\_\_\_\_



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

If you do not pay rent, do you contribute financially? No  Yes

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

12 Is any member of your family physically handicapped? No  Yes

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

Do you require a handicapped unit? No  Yes

13 Do you have a pet? No  Yes

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 eviction.

**15 STATEMENT OF INCOME**

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

Applicant Name: \_\_\_\_\_ Social Ins. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Company	Address	Employed		Rate of Pay		Hours Per Week
		From	To	Gross Monthly	Hourly	

WHEN DID YOUR SPOUSE LAST WORK: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Co-applicant or Spouse: \_\_\_\_\_ Social Ins. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Company	Address	Employed		Rate of Pay		Hours Per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: \_\_\_\_\_ Social Ins. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Company	Address	Employed		Rate of Pay		Hours Per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: \_\_\_\_\_ Social Ins. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Company	Address	Employed		Rate of Pay		Hours Per Week
		From	To	Gross Monthly	Hourly	

HAVE YOU RECEIVED ANY OTHER SOURCES OF INCOME IN THE PAST TWELVE (12) MONTHS?  
(PLEASE INDICATE IF NOT APPLICABLE - N/A)

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME
A. Student Grants/Allowance			
B. Unemployment Insurance			
C. Workers' Compensation			
D. Social Assistance (Don't include Family Allowance)			
E. Child Support/ Alimony - Voluntary or Court Award			
F. Other Income (Tips, Interest, Royalties, Etc.)			
G. Pensions: Department 1. Department of Veteran 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			
H. Income from Self Employment			

Details of self-employment must be outlined by the submission of a financial statement subject to review by the Housing Foundation.

**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 DRIVER'S LICENCE NUMBER:** \_\_\_\_\_

Car - Year/Make/Model: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Car - Colour/Licence No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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 Affordable Housing, and will assist us in the approval of your application.

\_\_\_\_\_

I understand that this application does not constitute an agreement on the part of **VERMILION & DISTRICT HOUSING FOUNDATION** agents, to provide me with rental accommodation.

I further acknowledge the right of **VERMILION & DISTRICT HOUSING FOUNDATION** or its agents 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 **VERMILION & DISTRICT HOUSING 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 **VERMILION & DISTRICT HOUSING 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.

\_\_\_\_\_  
Witness Applicant

\_\_\_\_\_  
Witness Applicant

DOMINION OF CANADA )  
PROVINCE OF ALBERTA ) IN THE MATTER OF THIS APPLICATION FOR DWELLING  
TO WIT: ACCOMMODATION 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 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 \_\_\_\_\_ years of my/our life/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 day of , 20\_\_\_\_ )  
Signature of Applicant  
Signature of Applicant

\_\_\_\_\_  
A Commissioner for Oaths in the Province of Alberta

Printed Name of Commissioner for Oaths My Appointment expires on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year