

PINCHER CREEK FOUNDATION

APPLICATION FOR ACCOMMODATION – FAMILY SOCIAL HOUSING

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 must bring with you, the following information along with this form:

1. Verification of income for ALL household members (AISH, Social Assistance, Employment)
2. Copy of most recent income tax return filed or Notice of Assessment
3. Referral letter from a previous Landlord
4. Social Assistance or AISH – a copy of Notice of Eligibility
5. WCB or EIC – a statement confirming your weekly benefit and for how long
6. Form of photo ID (do not email, should be viewed in person only)
7. 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 (18) years.

Applications will not be accepted unless they are complete and all questions answered.

Your application will be held on our waitlist for a period of one (1) year. If you are not placed within that time, you must re-apply.

Your 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, free of charge, by appointment. Please call for your appointment (403) 627-3833 ext. 2

CONFIDENTIAL

Information on this form is being collected under the authority of **PINCHER CREEK FOUNDATION** to be used to determine eligibility for subsidized housing accommodation in accordance with the Alberta Housing Act and Social Housing Regulations.

This information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions in regards to the collection of information, please contact the Chief Administrative Officer

PINCHER CREEK FOUNDATION

APPLICATION FOR ACCOMMODATION – FAMILY SOCIAL HOUSING

Full Legal Name (s) _____
Last First

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

(Municipality or Town)

(Postal Code)

Phone (h) _____ (cell) _____ (email) _____

Co-Applicant or Spouse

Full Legal Name: _____
Last First

Present marital status, please circle one:

Married / Single / Widowed / Divorced / Separated / Adult Interdependent Relationship

If common-law, divorced or separated, state how long _____

How long have you lived in: _____ Pincher Creek, MD Pincher Creek, Cowley
_____ Alberta
_____ Canada

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

Head of Household: _____
Last First SIN #

LAST NAME	FIRST NAME	RELATION TO HEAD OF HOUSEHOLD	BIRTH DATE	OCCUPATION OR SCHOOL GRADE

Is a baby expected? No Yes if yes, date due _____

Are all members listed above Canadian Citizens? No. Yes

If no, provide copies of immigration papers for members who are not Canadian Citizens.

Do you own or rent your present accommodation? Own Rent

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat, \$ _____, for lights and \$ _____ for water and sewer.

PLEASE SUPPLY REFERENCE FROM PREVIOUS LANDLORD

If renting, name of present Landlord: _____
Address: _____
Telephone No. _____

Is your present accommodation: House Townhouse Apartment
Room & Board Hotel/Motel
Other _____

Rooms in present accommodation: Kitchen Living Room
Dining Room
No. of Bedrooms _____ No. of Bathrooms _____

Do you share any part of the accommodations with person (s) other than those listed in question #4? No Yes

If yes, how many other persons; number of adults _____ children _____.

What part of the accommodation is shared? _____

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

Is any member of your family physically handicapped? No Yes

Do you require a handicapped unit? No Yes

Do you have a pet? No Yes

Do you or any applicants smoke ? No Yes

Reasons for wanting to move from present address: **(If you have been given a "Notice of Vacate", please submit a copy of the notice stating the reason for eviction.)**

STATEMENT OF INCOME

YOU MUST DECLARE ALL HOUSEHOLD INCOME

Applicant Income :

Current Employment: (provide recent pay stub)

Copy of recent Income tax return filed: _____

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other Income (WCB, SFI, AISH, Disability) _____

Co-Applicant / Spouse Income :

Current Employment: (provide recent pay stub)

Copy of recent Income tax return filed: _____

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other Income (WCB, SFI, AISH, Disability) _____

Other Household Member Income :

Current Employment: (provide recent pay stub)

Employer Name _____ Hourly rate of pay _____

Hours per week _____ Length of employment _____

Other Income (WCB, SFI, AISH, Disability) _____

Are you receiving funding from another source to assist with your rent payments ?
(ie (SFI or AISH)

Yes _____ No _____

If yes, please specify _____

Are your current accommodations is poor condition ? ____ yes ____ no

Are you overcrowded? ____ yes ____ no

Do you or a family member have disabilities or serious health condition? ____ yes ____ no
If yes, please provide information.

Do you or a family member have mobility problems? ____ yes ____ no

Are you currently working with a support or social worker ? ____ yes ____ no
If yes, please provide person or Agency

PLEASE LIST ALL SOURCES OF INCOME THAT APPLY:

Source Of Income	Name Of Family Member In Receipt	Date Income started	Gross Monthly Income
AISH			
EIC or WCB			
Alberta Works (Income support)			
CHILD SUPPORT / ALIMONY			
STUDENT LOANS			
PENSIONS:			
1) OAS, GIS			
2) CPP			
3) AB Income Supplement			
4) Work Pensions			
OTHER			
INCOME FROM SELF EMPLOYMENT			

Details of self employment must be provided by submission of a financial statement subject to review by the Housing Management Body

ASSETS – Please provide details of your current assets:

Cash on Hand / Bank	\$
Investments	\$
House (owned)	\$
Business	\$
Mortgage(s)	\$
Other Assets – vehicle, equipment	\$

Note: Essential personal and household affects such as clothing, furniture, are not defined as assets.

LANDLORD REFERENCES: (Cannot be Family):

1. _____ (Name) _____ (Phone No.)
2. _____ (Name) _____ (Phone No.)
3. _____ (Name) _____ (Phone No.)

Other related information you wish to provide

Do you have a Will? Yes / No Name of Executor _____

Family Doctor _____

CONSENT AND ACKNOWLEDGEMENT

I understand that this application does not constitute an agreement on the part of the **PINCHER CREEK FOUNDATION**, or its agents, to provide me/us with rental accommodation.

I further acknowledge the right of **PINCHER CREEK 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 **PINCHER CREEK FOUNDATION**, or its agents, to make inquiries or investigate any or all of the facts and statements made herein. Discovery of false information will result in the termination of my application or tenancy.

I declare the information contained in this application to be correct.

Applicant's signature

Applicant's signature

date

Statutory Declaration

CANADA
PROVINCE OF ALBERTA
TO WIT:



**In The Matter of This Application
for Social Housing Accommodation**

I / we , _____
of _____ in the Province of
Alberta _____, do solemnly declare as follows:

1. That I we are/am the applicant(s) named in this application.
2. That I/we have resided in the Province of Alberta for ____ years and in the Pincher Creek district for ____ years.
3. That the statements made and information provided by me/us in the said application is true and correct to the best of my/our knowledge, information and belief, full and true in all aspects.
4. That I am aware that it is a criminal offense to make a false statement in declaring the income or any other information referred to in the application.

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
_____.A.D. 20 _____.

Signature(s) of Applicants

A Commissioner for Oaths in and for the Province of Alberta

Whose Commission expires on _____

Printed Name of Commissioner for Oaths