

**APPLICATION FOR ACCOMMODATION • COMMUNITY HOUSING
(CONFIDENTIAL) ▼ PLEASE READ CAREFULLY**

Instructions for Completing Application

This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

I understand that this is just an application and that is not an agreement on the part of BRAZEAU FOUNDATION, or its agents, to provide me with rental accommodation.

I further acknowledge the right of BRAZEAU FOUNDATION, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize BRAZEAU FOUNDATION, or its agents to investigate any or all of the statements made by me in this application, 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 BRAZEAU FOUNDATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

Signature of Witness

Signature of Applicant

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

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

I _____, of the _____
(City/Town/Village)
of _____, in the Province of Alberta, do solemnly declare:
(Name of City/Town/Village)

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of Alberta for _____ years of my life and in M.D. of Brazeau/Town of Drayton Valley/Village of Breton for _____ years.

And I 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 the Province of Alberta

Printed Name of Commissioner

My Appointment Expires on: _____

Day/Month/Year

FOR OFFICE USE ONLY:

Received by: _____ Date Received: _____

Applicant Name: _____

APPLICATION FOR ACCOMMODATION • COMMUNITY HOUSING (CONFIDENTIAL)

1.0 PERSONAL INFORMATION

1.1 Applicant's Name: _____ (Last) _____ (First)
 Home _____ Cell Phone: _____ Bus. Phone: _____
 Current Location/Mailing Address _____

PLEASE KEEP CONTACT INFORMATION CURRENT Residency

1.2 Co-Applicant's Name: _____ (Last) _____ (First)
 1.3 How long have you been in this relationship? _____ years. Are you recently separated or divorced? If yes, is there a chance of reconciliation? _____

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE DAY/MO./YR.	OCCUPATION/SCHOOL GRADE
		APPLICANT		

1.4 List all persons, **INCLUDING YOURSELF**, who will be living with you should your application be approved:

1.5 Is baby expected? No _____ Yes _____ If Yes, estimated due date: _____

1.6 Name of Next of Kin: _____ Relationship: _____
 Address: _____ Phone: _____

1.7 Are all members listed above Canadian Citizens? No _____ Yes _____
 If **NO**, provide copies of immigration papers for members who are not Canadian Citizens.

1.8 **PETS ARE NOT ALLOWED** – in any of the rental properties. Applicants who have pets need to find alternative housing arrangements for their pets **WHEN** they gain housing through this program. This includes rodents, fish and reptiles etc.

Family Status

2.0 Housing Situation – Do you own or rent your present accommodation own Rent

2.1 Is your present accommodation a House Duplex Townhouse Apartment Rooming House
 Hotel/Motel Other (please describe) _____

2.2 Rooms in your present accommodation: Kitchen Living Room Dining room
 # of Bathrooms _____ # of Bedrooms _____

2.3 Do you share any part of the accommodation with person(s) other than those listed in this application? Yes
 No If yes, how many? adults _____ children _____
 What part of accommodation is shared? _____
 If you do not pay rent, do you contribute financially? No _____ Yes _____
 If yes, specify _____

2.4 Current Landlord's Name: _____ Phone Number _____

Present rent or house payment is \$_____ per month, plus \$_____ utility costs
(Electrical / Heat / Water)

Total Cost per month for Accommodation _____

2.5 If less than one yr at current location:

Previous Landlord: _____ Phone Number: _____

Previous rent or house payment was \$_____ per month, plus \$_____ utility costs
(Electrical / Heat / Water)

Total Cost per month for Accommodation _____

2.6 Have you ever resided in subsidized housing before? NO _____ Yes _____

If Yes, Where? _____ and When? _____

2.7 Have you ever been evicted? Yes _____ No _____ If yes, why? _____

3. Income & Assets

3.1 ASSETS: **Cash on Hand: \$_____ Cash in Bank Account: \$_____**

Stocks, Bonds, Mutual Funds, etc. \$_____

Other Assets: _____ \$_____

_____ \$_____

NOTE: Essential personal/household effects (clothes, furniture, vehicle, etc.) are not included as assets.

4. VEHICLES #1: ____/____/____ Year Make Model \$Value Color License Plate
#2: ____/____/____ Year Make Model \$Value Color License Plate

5.0 STATEMENT OF INCOME **CONFIDENTIAL** Rec'd Income Verification

Gross Income Range for All Members of Household (Confidential):

0-15,000 per annum	15,001 – 25,000 per annum	25,001 – 35,000 per annum	35,001 – 50,000 + per annum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CNIT

Applicants Current Income

Name of employer _____

How long have you been employed with your current Employer/Income Source?

_____ If less than 3 years please indicate Income/Employment record for the past three years:

Source Of Income	Period of Time		Rate of Pay Gross/Annual	Partial/Part-time	
	From	To		Full	Part-time
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

List Co-Applicant's Current Income

Name _____

Source Of Income	Period of Time From	To	Rate of Pay Gross/Annual	Full	Partial/Part-time
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please Include All Income Sources: Self Employment, Employment Insurance; Student Loans/Allowances; WCB; Child Support/Alimony; Tips; Interest; Royalties; Pensions, etc.

VERIFICATION OF current INCOME AND/OR most recent NOTICE OF ASSESSMENT WILL BE REQUIRED AS DEEMED NECESSARY

5.1 You will be required to provide 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.

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

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME
A. SELF-EMPLOYMENT			
B. EMPLOYMENT INSURANCE			
C. STUDENT GRANTS/ALLOWANCE			
D. SOCIAL ASSISTANCE			
E. WORKERS' COMPENSATION			
F. CHILD SUPPORT/ALIMONY			
G. PENSION			
H. OAS			
I. GIS			
J. Alberta Seniors Benefit			
K. OTHER INCOME:			
(Tips, Interest, Royalties, Pensions)			

YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING:

- **Details** of self employment must be outlined by the submission of a **Financial Statement** subject to review by the Foundation.
- If you or any member of your family is receiving Employment Insurance, Workers' Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income i.e. child support, oil royalties, etc.
- 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, co-applicant and all dependents over the age of eighteen years.

