Sub Office Head Office Sub Office  
Lethbridge Office Box 871 Calgary Office  
234 12C Street North Standoff, AB – T0L 1Y0 #4, 3600 19th Street North East  
Lethbridge, AB - T1H 2M7 Toll Free: 1-800-567-4256 Calgary, AB – T2E 6V2  
Telephone: (403) 327-1995 E-mail: [administrative@t7housing.com](mailto:administrative@t7housing.com) Telephone: (587) 952-0280  
Fax: (403) 327-0849 Fax: (587) 952-0281

**Mission Statement:**

To provide quality, affordable, transitional, rental accommodations for low-to-moderate income Native families and or individuals in urban centers requiring the services of Treaty 7 Urban Indian Housing Authority.

**Vision Statement:**

Treaty 7 Urban Indian Housing Authority operates on the premise that client families are supported, healthy, thriving and are working towards acquiring their own homes.

**SELECTION POOL PROCEDURE**

Treaty 7 Urban Indian Housing Authority application process. There is no waiting list, the selection pool procedure requires the application to be completed, which keeps the file active within the selection pool. In order to keep the file active, the application needs to be updated within three (3) months, and all documents must be in writing for the current year. It is the applicant’s responsibility to ensure the updates include:

Current Phone Number

Mailing Address/Email

Current Income Verification

Current Tax Assessment

Landlord Reference Letter

Character Reference Letter

Household Composition (all people residing in unit)

Only a complete and active file will be added to the selection pool. The Selection Committee reviews the files to select for an interview. If applicants are selected for an interview they will be notified.

The applicant’s interview, references and proof of income verification will determine if the applicant is capable of maintaining an urban household. Once the Selection Committee decides who is selected for the assigned unit, the Administrative Assistant will contact the applicant and present them with a tenant package which will include:

Selected Tenant Letter

Confirmation of Selection Form

Gas and Utility Confirmation Forms.

If you require further information or have any concerns or questions please contact Treaty 7 Urban Indian Housing Authority for assistance.

**ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**   
**(PLEASE READ INSTRUCTIONS CAREFULLY)**

Treaty 7 Urban Indian Housing Authority provides rental units for low to moderate-income Native applicants in Calgary, Cardston and Lethbridge who are working towards acquiring their own home. Rent is calculated at 25% of gross income. To be considered for accommodations, **the following criteria must be met:**

* Applicant must be registered Status First Nations Member within Canada.
* Applicant must not be a Home Owner on or off reserve.
* The total Gross Household income must not exceed the current year “Core Need Income Thresholds” for the following cities according to the objective of CMHC’s Urban Indigenous programs:

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality | 2 Bedroom | 3 Bedroom | 4 Bedroom |
| Cardston |  | $46,000 |  |
| Calgary | $55,000 | $58,000 | $71,000 |
| Lethbridge | $43,000 | $51,500 | $60,000 |

1. Applicant and co-applicant/spouse: Proof of **Native Status Card/Tribal Membership Card** includingAlberta Health Care Cards or Birth Certificate.
2. Household composition confirmation: Alberta Health Care Card or Birth Certificate and Court Order/Guardianship if applicable.
3. **Current Income Verification** for both applicant/co-applicant and each family member who receives an income. **Current Notice of Assessment** (or Statutory of Declaration) **MUST** be attached including one of the following:

* Employer (two (2) paystubs or letter stating hours worked per week and total earnings)
* Student funding confirmation (Student loan statement or letter from sponsorship/funder)
* Alberta Works (Income Support, AISH, Learner Financial Benefits)
* Employment income (EI) documentation (letters of approval or denial)
* On Reserve T4 Statement

1. **One reference letter** from **Present/Previous Landlord or Lease Agreement**. If you are unable to submit a landlord reference letter, two-character reference letters are required. Preference may be given to those applications that include a landlord reference.
2. **One Character Reference letter** from a person with a professional title. Please include in the letter how they know the applicant; include contact information. **CANNOT be from friend or relative.**

**\*\*It is the responsibility of the applicant to call in within a three 3-month timeline in order to keep the information current. Failure will result in the application not being forwarded to the selection pool, the file will be considered inactive and will be shredded after one year of no contact. \*\***

**APPLICATION FOR ACCOMMODATION**

Location (**only check one**): Calgary Lethbridge Cardston

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_MM/DD/YY

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant (Head of Household)** | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | |
| Address, City, Province, Postal Code | | | | | | | | | | | |
| E-mail Address: | | |  | | | | | | | | |
| Phone #: |  | | | | | | Work/Cell #: | |  | | |
| Treaty #: |  | | | | | |  | | |  | |
| Band Name: | |  | | | | | Emergency Contact: | | | |  |
| Alberta Health Care #: | | | | |  | | Phone#: |  | | | |
| **Co-Applicant/Spouse** | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | |
| Relationship to Applicant: | | | | | |  | | | | | |
| Phone #: |  | | | | | | Work/Cell #: | |  | | |
| Treaty #: |  | | | | | |  | | |  | |
| Band Name: | |  | | | | | Emergency Contact: | | | |  |
| Alberta Health Care #: | | | | |  | | Phone#: |  | | | |

**Household Composition:** List all members including applicant (head of household), who will be residing in the unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Applicant/Co-Applicant/ Dependants and all household members | Gender F/M | Birth Date  MM/DD/YY | Age | Relationship to Applicant |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |

**Expected Child:** (letter from Doctor is required for confirmation)

If the applicant is expecting a child please state due date: \_\_\_\_\_\_\_\_\_\_\_\_ MM/DD/YY  
**\*\* Copy of AHC Card required after child is born\*\***

**EMPLOYMENT**

List all Jobs or Positions held during the past 12 months, beginning with the most recent employer.

**Applicant (Head of Household) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Name /School | Address | Phone # | Employment Dates | Hrs/wk. | Rate of Pay $ |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |

**Co-applicant/Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employers Name /School | Address | Phone # | Employment Dates | Hrs/wk. | Rate of Pay $ |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |

**Other working Household Members Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name/School** | **Address** | **Phone #** | **Employment Dates** | **Hours/week** | **Pay Rate $** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**References:** Two reference letters must be attached before this application will be considered.

|  |  |
| --- | --- |
| **Landlord Name:** | **Character Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |

**CLIENT DISCLOSURE FORM**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date or Birth MM/DD/YY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date or Birth MM/DD/YY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Treaty 7 Urban Indian Housing Authority to use and disclose my personal information from my client file between, Treaty 7 Urban Indian Housing Authority and any **Persons, Agencies or Service Providers listed below:**

**Example: Landlords, Case Worker, Employers, References, etc.…**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I understand the reasons for sharing and use of information as described, that my consent is voluntary, and failure to provide consent will not result in any adverse decisions about my rights, benefits or services, other than limiting the ability of communicating and verifying the information listed in my file.

I also understand I have been asked to disclose my personal information, and have been informed of the risks and benefits of consenting, or refusing to consent, to such disclosure. I, further, understand I may revoke this consent at any time and **MUST** be in writing.

Dated and effective as of MM/DD/YY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of co-applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT AND UNDERSTANDING**

I understand that this application does not constitute an agreement on part of Treaty 7 Urban Indian Housing Authority or its agents, to provide me with rental accommodations.

I hereby authorize Treaty 7 Urban Indian Housing Authority to make any inquiries to verify the facts contained herein by any method the Housing Authority deems necessary, being fully aware that ***discovery of any false statement shall cancel any further consideration of my application.***

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

I further agree that I will update my application within a three month timeline. I understand that I have an obligation to advise the Housing Authority, in writing of any changes in mailing address, telephone number, Household composition, gross income, assets, or employment as they occur.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date MM/DD/YY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date MM/DD/YY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_