

APPLICATION FOR ACCOMMODATION – COMMUNITY HOUSING
(CONFIDENTIAL)

PLEASE READ CAREFULLY
INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions supplying ALL 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.

Prior to approving this application, you will be required to provide the following:

a copy of the previous tax year's Notice of Assessment that shows line 15000 and a copy of the Income Tax Return, for each adult/working member in your household

also provide the following if the previous information is not an accurate reflection of your current income:

- A signed letter from the employer of EACH working member in your household 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 household is receiving Unemployment 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.
- A copy of your most recent pay cheque, benefit cheque, pension cheque, etc., or a stub from these for each member of your household 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 applicant, co-applicant/spouse and all household members twenty-two years of age or older.

A valid copy of the Alberta Health Care card for each household member.

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 6 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 AUTHORITY USE ONLY

Name: _____

Date Received: _____

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PLEASE PRINT

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: _____
(Last) (First)
Home/Cell Telephone: _____ Business Telephone: _____
Alberta Health Care No. _____
Email address: _____

2. Co-applicant or Spouse's Name: _____
(Last) (First)
Alberta Health Care No. _____

3. Marital Status: Married _____ Widowed _____ Single _____ Divorced _____
Separated _____ Common-law _____

If Common-law or Separated, state how long _____

4. List all persons, **including yourself**, who will be living in this unit if your application is approved.

Last Name	First Name	Relationship to applicant	Birth Date Day / Mo / Year	Occupation / School Grade

Is a baby expected? No _____ Yes _____

If yes, give estimated due date: _____

5. Are all members listed above Canadian Citizens? No _____ Yes _____

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

6. Mailing Address: _____
(PO Box) (Town) (Province) (Postal Code)

7. Current Physical Address: _____
(House / Apartment No.) (Street)

(Town) (Province) (Postal Code)

8. Do you own or rent your current accommodation? Own _____ Rent _____
Current rent or house payment is \$ _____ per month, plus \$ _____ for heat,
\$ _____ for light, and \$ _____ for water and sewer.

9. If renting, name of current landlord: _____
Address: _____
Telephone no.: _____

10. Is your current accommodation a: House _____ Townhouse _____ Apartment _____
Rooming House _____ Hotel or Motel _____ Other _____

11. Rooms in your current accommodation: Kitchen _____ Living Room _____
Number of Bathrooms _____ Number of Bedrooms _____ Dining Room _____

12. 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?

12. If you do not pay rent, do you contribute financially? No _____ Yes _____
If yes, specify _____

13. Is any member of your household physically handicapped? No _____ Yes _____
If yes, specify _____
Do you require a handicapped unit? No _____ Yes _____

14. Do you have a pet? No _____ Yes _____
If yes; we have a **NO Pet policy**, so you **cannot** bring it with you to a La Crete Municipal Nursing Association unit.

15. 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.

16. Statement of Income

NOTE: **all information regarding your household'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 Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	

When did your spouse last work? Month _____ Year _____

Co-Applicant or Spouse: _____ Social Ins. No. _____ / _____ / _____

Company Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	

Other Household Member: _____ Social Ins. No. _____ / _____ / _____

Company Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		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 Household Member on receipt	Date From / To	Gross Monthly Income
A. Student Grants / Allowance			
B. Unemployment Insurance			
C. Workers' Compensation			
D. Social Assistance (Don't include Child Credit Benefit)			
E. Child support / Alimony (Voluntary or Court Award)			
F. Other Income (Tips, Interest, Royalties, Etc.)			
G. Pensions:			
1. Department of Veteran Affairs			
2. Old Age Security			
3. Canada Pension (includes 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 authority.

17. Assets

Cash on Hand \$ _____ Cash in Bank Account \$ _____

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

Mortgage(s) \$ _____ Other Assets \$ _____

Vehicles including but not limited to (Cars, Trucks, RVs, ATVs, Snowmobiles, and Boats)

Vehicle No. 1

Year/Make/ Model _____ Estimated Value: _____

Vehicle Colour/License Plate No.: _____ / _____

Do you own the vehicle or lease it? _____ own _____ Lease

The personal information in this form is being collected by La Crete Municipal Nursing Association under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact the Lodge Manager at 780-841-3082.

I understand that this application does not constitute an agreement on the part of La Crete Municipal Nursing Association, or its agents, to provide me with rental accommodation.

I further acknowledge the right of La Crete Municipal Nursing Association, or it's 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 La Crete Municipal Nursing Association, or 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 La Crete Municipal Nursing Association, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

Signature: applicant

Signature: co-applicant

Print: witness

Print: witness

Signature: witness

Signature: witness

Date: _____

Date: _____

La Crete Municipal Nursing Association
Box 399, La Crete, AB, T0H 2H0
Phone (780) 841-3082 Fax (780) 928-4348

Waiver of Information

Date : _____

RE: _____

S.I.N. _____

To whom it may concern:

La Crete Municipal Nursing Association may from time to time request information regarding the above-mentioned client(s). Any information obtained is solely used to confirm their eligibility for tenancy and/or continuing tenancy and will remain confidential.

La Crete Municipal Nursing Association Agent

By signing this document, I/we understand that only pertinent information pertaining to my/our tenancy or application process may from time to time be discussed with any or all the agencies listed below. All information received will be kept confidential and will be used solely for the purpose of determining my/our eligibility and continuing eligibility for housing.

I/We, _____ and _____, the undersigned hereby authorize your agency to release or obtain information to or from La Crete Municipal Nursing Association.

Signature: applicant

Date

Signature: co-applicant

Date

- Previous or current landlord
- Previous or current employer
- Financial Institute
- Northwest Child and Family Services
- Employment, Immigration and Industries
- RCMP
- North Peace Tribal – Child and Family Services
- ADDAC
- Other _____