

Heart River Housing - Family Housing



~ Kinuso ~ Faust ~ Grouard ~ Enilda ~ High Prairie ~ McLennan ~ Falher ~ Girouxville ~ Valleyview ~ Fox Creek ~

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APPLICATION FOR ACCOMMODATION

The information requested herein is required under the Alberta Housing Act to assess eligibility for housing and rent geared to income.

I/We declare that:

- all information given herein and herewith is true and complete in all respects.

I/We agree to:

- notify Heart River Housing, in writing, of all changes to my financial or family circumstances from this day forward as changes occur.
- continue with support services currently established or being established by a shelter or any social support agency or hospital/medical support service, until such time as the shelter, agency or support services deems this service is no longer practical or required.

I/We understand that:

- all information provided herein or in the future is subject to audit. Failure to provide information requested for auditing purposes will result in cancellation of the application or termination of the tenancy.
- this application does not constitute an agreement on the part of Heart River Housing or its agents to provide me with rental accommodation.
- Heart River Housing may withdraw, revoke or cancel my application for housing without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.
- giving false information on this application or any future document provided to Heart River Housing, or failure to report all changes as required may result in recovery action, criminal charges and termination of the tenancy.
- the signing of this agreement shall be binding on all parties throughout the duration of the tenancy period.

The above Statements and the Authorization Statements on Page (6) were read by the Agent of Heart River Housing to the Applicant(s) and understood by the Applicant(s).

Witness (Agent of Heart River Housing)

Applicant

Date

Witness (Agent of Heart River Housing)

Co-Applicant

Date

STATUTORY DECLARATION

Canada) Province of Alberta)

In the matter of this application for dwelling accommodation

I, _____ of the _____ of _____ in the Province of ALBERTA,
do solemnly declare as follows:

1. That I am the applicant on the said application
2. That the statements made in the said application are full and true in all respects.

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 by virtue of the "Canada Evidence Act".

Declared before me at the _____ of _____ }
_____ in the Province of _____ }
of Alberta, this _____ day of _____ }
_____, _____ }

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta whose commission expires on _____, _____

Printed Name of Commissioner For Oaths

**APPLICATION IS NOT COMPLETE AND WILL NOT BE CONSIDERED UNTIL
AN INTERVIEW WITH THE SITE MANAGER HAS BEEN COMPLETED**

THIS SECTION FOR HRH OFFICE USE ONLY <i>HOUSING MANAGERS: As soon as a unit has been assigned, please complete this section and fax page one to Central office.</i>	Point Score #:
	# of Bedrooms Req'd:
Move In Date: _____ Unit Address: _____ _____ _____	Previous Tenure (circle one):
	Own _____ Rent _____ R & B _____ Other (explain) _____
	Total Annual Income:
	1. Applicant \$ _____
	2. Co-Applicant \$ _____
	3. Other \$ _____

1. Applicant's Name: _____

Date of Birth: _____ Social Insurance No. _____

Co-Applicant's Name: _____

Date of Birth: _____ Social Insurance No. _____

2. Current Mailing Address: _____

Home Telephone No.: _____

Work Telephone No.: _____

Messages Telephone No.: _____

3. Marital Status:

Married _____ Separated _____

Common-Law _____ Divorced _____

Single _____

If Common-Law or Separated, state how long - _____

4. Members of Household - list all persons who will be residing with you

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	STUDENT / TRADE / OCCUPATION	S.I.N. No.

5. Is a baby expected?

NO _____ YES _____ Due date? _____

6. Are all members of household (listed above) Canadian Citizens?

NO _____ YES _____

7. Have you or the co-applicant previously lived in subsidized social housing?

NO _____ YES _____ When? _____

Where? _____

8. Have you or the co-applicant ever previously owned a home under the Rural Emergency Home Program (REHP)?

NO _____ YES _____ When? _____

Where? _____

9. Present accommodations?

a.	OWN	Civic Address: _____
	RENT	Civic Address: _____
	ROOM & BOARD	Civic Address: _____
	HOTEL/MOTEL	Explain: _____
	OTHER	Explain: _____

b. Provide the name, mailing address, and phone number of present landlord if you rent or room & board.

How long have you resided at your present address? _____

c. What is your present monthly rent or house payment? _____

d. Describe your present accommodations.

HOUSE	
DUPLEX	
APARTMENT	
TRAILER	
OTHER	

Number of Bedrooms: 0 1 2 3 4 5

Number of Bathrooms: 0 1 2 3

Kitchen Living Room Dining Room

e. Utilities - what is the average amount paid each month for:

Heat: _____

Water & Sewer: _____

Electricity: _____

Comments: _____

f. Do you share any part of your present accommodation with person(s) other than those listed in question #4?

NO	
YES	

of adults _____

of children _____

What part of the accommodation is shared? _____

g. If you do not pay rent, do you contribute financially?

NO	
YES	

specify - _____

10 Do you have a pet?

NO	
YES	

describe - _____

11 Statement of Income

All information regarding your family's income must be complete and accurate. Provide details of your employment during the past 12 months. If you have had more than one employer please provide that information as well (begin with your most recent employer).

Applicant Name:

Company Name & Address	Employed		Rate of Pay		
	From	To	Hr/rate	Hrs/wk	Gross Monthly Total

Co-Applicant Name:

Company Name & Address	Employed		Rate of Pay		
	From	To	Hr/rate	Hrs/wk	Gross Monthly Total

Other Member of Household Name:

Company Name & Address	Employed		Rate of Pay		
	From	To	Hr/rate	Hrs/wk	Gross Monthly Total

Provide details of any other source(s) of income received in the past twelve months.

Source of Income	Name of household member in receipt	Date		Gross Monthly Total
		From	To	
INCOME SUPPORT / AISH				
STUDENT FUNDING				
EMPLOYMENT INSURANCE				
WORKERS' COMPENSATION				
CHILD SUPPORT/ALIMONY				
PENSIONS				
SELF EMPLOYMENT **See Below**				
OTHER (Interest, Royalties Foster Care, Tips, Commissions)				

****Details of self employment must be outlined by the submission of a financial statement and will be subject to review by Heart River Housing.****

12 Assets

a. Does any household member have ownership interest in a business or real estate property?

NO	<input type="checkbox"/>
YES	<input type="checkbox"/>

Explain: _____

Provide address of business/property: _____

Provide percentage of business/property: _____

Net worth of business/property: _____

b. List ALL chequing and savings accounts for every member of the household.

(Should more room be needed, please attached a separate page.)

1. Name of person holding account: _____
 Name of Bank and address: _____
 Present balance: _____
 Interest received in last 12 months: _____

2. Name of person holding account: _____
 Name of Bank and address: _____
 Present balance: _____
 Interest received in last 12 months: _____

3. Name of person holding account: _____
 Name of Bank and address: _____
 Present balance: _____
 Interest received in last 12 months: _____

c. Provide the estimated value of household belongings (furniture, audio/visual equipment, appliances, etc.).

d. Provide the information below if you have other assets (stocks, bonds, debenture, trusts, etc.)

Type of Asset	Amount	Source	Interest Received

Other cash: _____ Explain: _____

e. Provide the information below on ALL vehicles owned or leased.

Make & Model	Year	License Plate #	Monthly Loan / Lease Amount	Outstanding Loan Lease Amount

13 Provide the name of two people (previous landlords / employers) we may contact for a reference.

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

14.

a. Why do you wish to move from your current accommodation?

b. If you have been served with a Notice to Vacate (Eviction Notice), please furnish a copy. Why was this notice issued?

15 Please indicate other relevant information that you wish to provide, such as the condition of your present accommodation or special family circumstances.

This information is collected pursuant to the provisions of the Housing Act and its regulations, and pursuant to section 32(c) of FOIPP Act.

For more information contact Heart River Housing Administrator, Box 909, High Prairie, AB T0G 1E0, (780)523-5282.

Many employers or agencies who furnish assistance and/or benefits (Alberta Family and Social Services, Employment Insurance, etc.) will not release information without written consent from the employee or recipient. We therefore, request the following be signed by all persons who are 15 years of age or older.

I/We authorize:

-Heart River Housing, or its designate, to verify all information provided relating to this Application of Accommodation and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureau, financial institutions, federal, provincial, or municipal government departments, offices, agencies, boards or landlords.

- Heart River Housing, or its designate, to release and exchange any information and documents including personal information by and between Heart River Housing and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers

- the parties/agencies noted in the previous paragraph to release the same such information to Heart River Housing.

- Heart River Housing to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

APPLICANT:

_____	_____
Printed Name	Social Insurance Number
_____	_____
Signature	Date

CO-APPLICANT:

_____	_____
Printed Name	Social Insurance Number
_____	_____
Signature	Date

OTHER:

_____	_____
Printed Name	Social Insurance Number
_____	_____
Signature	Date

OTHER:

_____	_____
Printed Name	Social Insurance Number
_____	_____
Signature	Date

OTHER:

_____	_____
Printed Name	Social Insurance Number
_____	_____
Signature	Date