



APPLICATION FOR HOUSING PROGRAMS (Excluding Supportive Living / Lodge Accommodation)

CONFIDENTIAL

This application form is to be completed by anyone who is applying for any or all of the following housing programs provided by Leduc Regional Housing Foundation. Please mark the boxes accordingly. In accordance with government and Leduc Regional Housing Foundation regulations and guidelines, there are specific qualifications for each of the housing programs offered. Eligibility for each program will be confirmed.

- Seniors Apartments** – This program provides bachelor and 1 bedroom apartments to seniors, located in Beaumont, Calmar, Devon, New Sarepta, Thorsby and the City of Leduc. Rent is geared to 30% of gross monthly income.
- Subsidized Housing** – This program provides 2, 3, & 4 bedroom townhouses for families, located in the City of Leduc. Rent is geared to 30% of gross monthly income.
- Affordable Housing** – This program provides spacious bachelor, 1, 2, 3, and 4 bedroom units for families and individuals located in the City of Leduc, Town of Beaumont, Town of Devon, and Town of Calmar. Rent is set below current market conditions.
- Rent Supplement Programs** – Provincially subsidized rent supplement programs allow individuals and families to remain in their current accommodation within the Leduc Region while providing subsidy dollars to assist to pay the monthly rent.

The 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*.

Please use a pen, print and ensure that you complete all questions supplying all of the requested information. If a question does not apply to your situation, mark N/A in the section.

HOUSEHOLD INFORMATION

Applicant's Name: _____
(Salutation) (Name)

Home Phone: _____ Bus. Phone: _____

Cell Phone: _____ Email: _____

Co-Applicant's Name: _____
(Salutation) (Name)

Marital Status: Married Widowed Single
 Divorced Separated Common Law

If Common Law or Separated, state how long: _____

Provide an alternate contact person, other than those named on the application, who we could contact in case of an emergency.

Name: _____

Phone: _____ Relationship: _____

List all persons, including those listed above, who will be living with you should your application be approved:

Last Name	First Name	Relationship to Applicant (son, daughter..)	Date of Birth	Occupation or Grade School Year
		SELF		

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

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

RENTAL HISTORY INFORMATION

Current Address

Date of Occupancy: From _____ To _____

Physical Address: _____

Mailing Address: _____
 (if different / box #)

Own Rent Number of bedrooms: _____

- Apartment Townhouse Motel/Hotel
- Living with Family/Friends Group Home Shelter House

Present rent or mortgage is \$_____ per month, plus \$_____ for heat, \$_____ for light, and \$_____ for water and sewer.

If you do not pay rent, do you contribute financially to the household?
 No Yes If yes, specify: _____

Do you share any part of the accommodation with person(s) other than those listed in this application? No Yes If Yes, how many? Adults _____ Children _____

What part of the accommodation is shared? _____

If renting, landlord name: _____

Phone: _____

Current Household Information

Is your current home unsafe or cause health issues? No Yes
If yes, please provide details. _____

Have you ever resided in subsidized housing before? No Yes
If yes, Where? _____ When? _____

Have you ever been evicted before? No Yes
If yes, please provide details. _____

Is wheelchair or scooter access required? No Yes
Do you require a wheelchair adapted suite? No Yes
If yes, please provide details. _____

Is your current housing accessible for them? No Yes

Can everyone in your house live independently? No Yes

Do you have a pet? No Yes
If yes, please provide details. _____

Previous Address (if you have not lived at the above address for at least two years)

Date of Occupancy: From _____ To _____

Physical Address: _____

Mailing Address: _____
(if different / box #)

Own Rent Number of bedrooms: _____

Apartment Townhouse Motel/Hotel
 Living with Family/Friends Group Home Shelter House

Present rent or mortgage is \$_____ per month, plus \$_____ for heat, \$_____ for light, and \$_____ for water and sewer.

If you do not pay rent, do you contribute financially to the household?
 No Yes If yes, specify: _____

Do you share any part of the accommodation with person(s) other than those listed in this application? No Yes If Yes, how many? Adults _____ Children _____

What part of the accommodation is shared? _____

If it was a rented property, landlord name: _____

Phone: _____

ASSET AND INCOME INFORMATION

Assets

Asset	Amount	Asset	Amount
Cash on Hand	\$	Cash in Bank Account	\$
Stocks, Bonds, Mutual Funds	\$	Interest Income per _____	\$
Other	\$	Other	\$
	\$		\$
	\$		\$

Please note that essential personal/household effects (clothes, furniture, etc.) are not included as assets. Vehicles, camper/trailer, quads, boats are to be included. Please provide documentation of loan or payment information, so we can determine asset value.

Vehicles: _____ / _____ / _____ _____ / _____ / _____
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Income

All information regarding your family's income must be complete and accurate. Each source of income must be verified. Forms are available from the Foundation office. Provide details of current employment held in the last twelve (12) months beginning with the most recent employer. A signed letter from the employer of each working family member on your application, stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment will be needed.

Applicant Name: _____

Employer	Date From / To	Gross Monthly Income	Hourly	Hours per Week

Name of Co-Applicant or Dependent: _____

Employer	Date From / To	Gross Monthly Income	Hourly	Hours per Week

Additional documentation, as verification with your application with be needed, if applicable.

- Details of self-employment must be outlined by the submission of a financial statement.
- Documentation to verify all other sources of income need to be provided.
- If you are a student; a letter from the registrar of your school verifying your registration as a full-time or part-time student is required, for anyone over 18 years of age.

Record any other sources of income received in the past year? If not, please mark N/A.

	Name	Date From / To	Gross Monthly Income
Self-Employment			
Employment Insurance			
Student Loan, Grant or Bursary, Scholarship			
Income Support / BTE			
AISH			
Workers' Compensation			
Child or Spousal Support			
OAS, CPP, ASB, Other Pensions			
Royalties, Investments, Interests and Tips			
Child Tax Benefit, Federal Family Benefit			

If you receive any of the following income, please mark with a X. The following are considered for eligibility only. They will not be used to calculate monthly rent amount within subsidized housing programs. Documentation to support these amounts must be provided.

- | | |
|---|---|
| <input type="checkbox"/> Employment Insurance Family Supplement | <input type="checkbox"/> FCSD Program Payment |
| <input type="checkbox"/> Alberta Family Employment Tax Credit | <input type="checkbox"/> Good & Services (GST) Tax Credit |
| <input type="checkbox"/> Foster Child Care Program Payment | <input type="checkbox"/> Withdraws for RRSP/RRIF |
| <input type="checkbox"/> Canada Pension Plan Death Benefit | <input type="checkbox"/> Annuity Payments |
| <input type="checkbox"/> Money from Sale of Personal Property | |
| <input type="checkbox"/> Lump Sum Settlements (Insurance, Employment, Others) | |
| <input type="checkbox"/> Compensation for loss or damage to person or property | |
| <input type="checkbox"/> Gross Income of Dependent (under the age of 25, which is greater than \$1200 per year) | |
| <input type="checkbox"/> Reimbursement for travel and living expenses from Employer | |

ADDITIONAL INFORMATION

Please describe your present accommodation and any other information you would like us to be aware of. This space is provided for you to explain your reasons for applying for housing and will assist us in the approval of your application. If you have been given a 'NOTICE TO VACATE', please submit a copy of the notice stating the reason for the eviction.

I understand that this is just an application and that is not an agreement on the part of Leduc Regional Housing Foundation, or its agents, to provide me with rental accommodation or subsidy.

I further acknowledge the right of LEDUC REGIONAL HOUSING 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 LEDUC REGIONAL HOUSING 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 LEDUC REGIONAL HOUSING 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 Applicant	_____ Signature of Witness
DOMINION OF CANADA) PROVINCE OF ALBERTA) TO WIT:)	IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

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

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 within the geographical area of Leduc County (including all communities within) for the last _____ months/years or prior _____ years of my life.

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 in the _____	_____ Signature of Declarant
of _____, in the Province of	
Alberta, this ___ day of _____	_____ Signature of Declarant
A.D., 20_____.	

A Commissioner for Oaths in the Province of Alberta

_____ Printed Name of Commissioner	My Appointment Expires on: _____	_____ Day/Month/Year
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