

**APPLICATION FOR ACCOMMODATION  
AFFORDABLE HOUSING**

(CONFIDENTIAL)

PLEASE READ CAREFULLY

I understand that this is an application and that it is not an agreement on the part of The Bethany Group, or its agents, to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group, 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 The Bethany Group, or its agents to investigate any and 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 The Bethany Group, or its agents, in writing, of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

The statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. Applicant's Name: \_\_\_\_\_  
(Last) (First)
2. Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_
3. Spouses Name : \_\_\_\_\_  
(If Applicable) (Last) (First)
4. Marital Status:  Married  Widowed  Single  Divorced  Separated  
 Common-law
5. List all persons, ***including you***, who will be living in Affordable Housing, should your application be approved and you are offered a housing unit.

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE DAY/MO/YR	OCCUPATION/EDUCATION COMPLETED

6. Are all members listed above Canadian Citizens?  Yes  No  
(If NO, please explain and attach copies of immigration papers for members who are not citizens.) \_\_\_\_\_

7. Present Address: \_\_\_\_\_  
(P.O. Box/ Apartment Number/ Street)

\_\_\_\_\_  
(City/Town) (Province) (Postal Code)

When did you move to your present address? \_\_\_\_\_

If you live in Camrose, please tell us how long you have been a City of Camrose resident:

\_\_\_\_\_

May we contact you at the above address and phone number?  Yes  No

If no, please provide us with an alternate number where we may contact you during normal business hours: \_\_\_\_\_

8. Do you own or rent your present accommodation?  Own  Rent

Present rent or house payment is: \$\_\_\_\_\_ per month

If paying utilities, please list \$\_\_\_\_\_ for heat

the average monthly cost: \$\_\_\_\_\_ for electricity

\$\_\_\_\_\_ for water and sewer

9. If renting, name of present landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

10. Your present accommodation is a :  House  Townhouse  Apartment

Rooming House  Hotel/Motel

Other \_\_\_\_\_

11. Rooms in your present accommodation:  Kitchen  Living Room

Number of Bathrooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

12. Do you share any part of the accommodation with person(s) other than those listed in question #5?  Yes  No

If yes, how many other people? Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_

What part of the accommodation is shared? \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Previous Residential History (beginning with most recent)

Address:		Landlord:	
Landlord's Phone #:	Date moved in: Date moved out:	Monthly Rent:	Reason for Moving
Address:		Landlord:	
Landlord's Phone#:	Date moved in: Date moved out:	Monthly Rent:	Reason for Moving:
Address:		Landlord:	
Landlord's Phone#:	Date moved in: Date moved out:	Monthly Rent	Reason for Moving:

14. Do you have a pet?  Yes  No

If yes, what kind(s) and how many of each? \_\_\_\_\_

15. Statement of Employment Income

All information regarding your family's income must be complete and accurate. Provide details of employment held the last 24 months. Begin with current or most recent employment.

**APPLICANT:**

I am currently employed on a:  Full-time basis  Part-time  Casual Basis

Employer	Date Started	Date Left:	Average Gross Monthly Earnings	\$ Per/Hr	Number of hours worked per week	Occupation or job title

15. Continued

**CO-APPLICANT** (if applicable):

I am currently employed on a:  Full-time basis  Part-time basis  Casual Basis

Employer	Date Started	Date Left:	Average Gross Monthly Earnings	\$ Per/Hr	Number of hours worked per week	Occupation or job title

16. Are you receiving income from any of the following?

Source of Income	Name of Family Member in Receipt	Date FROM/TO	Gross Monthly Income
Student Grants/ Allowance			
Unemployment Insurance			
Worker's Compensation			
Supports for Independence(social assistance)			
Child Support/ Alimony			
Pensions: 1. Veterans Affairs			
2. A.I.S.H			
3. Other			
Income from self employment (Please explain):			



**HOUSING & COMMUNITY SERVICES**

**INSTRUCTION FOR COMPLETING APPLICATION**

This application is required under the Provincial/Municipal Housing program to assist in determining your eligibility and suitability for Affordable Housing. Please complete **ALL** questions supplying **ALL** the requested information. This application will be reviewed to ensure it falls within the guidelines of the Affordable Housing Grant Funding Agreement. Eligible applicants will be placed on The Bethany Group's Affordable Housing waiting list based on their date of application.

**There is extra space provided for any other information you would like us to be aware of. After determining general eligibility, you will be subject to a more formal interview process before an Affordable Housing Unit would be offered to you.**

Please provide the following documents with this application:

**1. VERIFICATION OF TOTAL FAMILY INCOME:**

Where is your income coming from? Please provide income verification from all sources.

This may include:

- Recent pay stub(s) from employment
- EI benefit statement
- Supports for Independence Benefit Stub
- Child Support payment documentation
- Canada Pension/other pension benefits
- AISH/Disability Income
- Student Finance /Grant benefit statement
- Any other income
- ***PLEASE NOTE THAT FAMILY ALLOWANCE AND GST BENEFITS ARE EXEMPT***

**2. VERIFICATION OF DEPENDENTS:**

Please provide a copy of the Alberta Health Care coverage card for yourself and your dependents. If custody of children is shared please provide documentation to verify.

**3. VERIFICATION OF RESIDENTIAL HISTORY/REFERENCE CHECKS:**

We will be contacting present and past landlords with regards to your rental history. If this information is not complete we will **not** proceed further with your application, and your application will be withdrawn from consideration.

***THIS APPLICATION WILL NOT BE PROCESSED UNTIL ALL QUESTIONS ARE FULLY COMPLETED.***

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 32(c), 37(c) and 38(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contract the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.