

COMMUNITY SOCIAL HOUSING – A Bridge to Success

Instructions for Completing Application

This application is required under the Provincial/Municipal Housing program to assist in determining your eligibility and suitability for Community Housing. Please complete ALL questions supplying ALL the requested information. This application will be point scored under a legislated guideline that is set out by the Province. Eligible applicants will be placed on The Bethany Group's Community Social Housing waiting list based on need. Need is determined by a number of factors including:

- number of dependents
- current rent to income ratio
- the emergency/urgency of current situation
- physical accessibility of current accommodation
- overcrowding issues in present accommodation/space considerations
- residency in community
- utilities responsibility in current accommodation

Space is provided for any other information you would like us to be aware of. Upon determining general eligibility, you will be subject to a more formal interview process before being offered a Community Housing Unit.

Please provide the following documents with this application:

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

Where is your income coming from? Please provide income verification from all sources. This may mean:

- Recent paystubs(s) from employment
- EI benefit statement
- Social Assistance 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. It is important that you complete this section of the application to further determine you eligibility.

This application will NOT be processed until all questions are fully answered.

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, contact the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.

**APPLICATION FOR ACCOMODATION
COMMUNITY SOCIAL 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 changes 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

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. Applicant's Name: _____
(Last Name) (First Name)

2. Home Telephone: _____ Business Telephone: _____

3. Co-Applicant (if applicable): _____
(Last Name) (First Name)

4. Marital Status: Married Widowed Single
Divorced Separated Common – law

5. List all persons, *including yourself*, who will be living in Community Housing should your application be approved and you are offered a Community Housing Unit.

Last Name	First Name	Relationship To Applicant	Birth Date Day/Month/Year	Occupation/ Education Completed

6. Do your children live with you now? Yes No
 Please explain: _____

7. 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.) _____

8. Present Address: _____
 (P.O. Box/Apartment No. /Street)

 (Municipality) (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 not, please provide us with an alternate number where we may contact you during business hours:

9. Do you own or rent your present accommodation? Own Rent
 Present Rent or house payment is \$ _____ per month.
If paying utilities in addition to rent, \$ _____ for heat
 \$ _____ for light
 \$ _____ for water and sewer.

10. If renting, name of present landlord: _____
 Address _____
 Phone: _____

11. Your present accommodation is a: House Townhouse Apartment
 Rooming House Hotel or Motel Other

12. Rooms in your present accommodation: Kitchen Living Room
 Number of Bathrooms _____
 Number of Bedrooms _____

13. 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: _____

14. Previous Residential History (beginning with most recent):

Address:		Landlord or Mortgager:	
Landlord's Phone #:	Length of time at address:	Monthly payment:	Reason for moving:
Address:		Landlord or Mortgager:	
Landlord's Phone #:	Length of time at address:	Monthly payment:	Reason for moving:
Address:		Landlord or Mortgager:	
Landlord's Phone #:	Length of time at address:	Monthly payment:	Reason for moving:

15: Do you have a pet? No Yes
 If yes, what kind(s) and how many of each? _____

16. **Statement of Employment Income**

(Note: all information regarding your families income must be complete and accurate. Provide details of employment held in at least the last 24 months. Begin with current or most recent employment.)

Applicant:

I am currently employed on a:

Full Time Basis Part Time Basis Casual Basis

Employer	Where?	When?	Gross Monthly Earnings	Rate of Pay Per/Hour	#Hours Per/Week	Occupation or Job Title

Co-applicant (if applicable):

I am currently employed on a:

Full Time Basis Part Time Basis Casual Basis

Employer	Where?	When?	Gross Monthly Earnings	Rate of Pay Per/Hour	#Hours Per/Week	Occupation or Job Title

17. 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			
Employment Insurance			
Workers' Compensation			

Supports for Independence (Social Assistance)			
Child support/ Alimony			
PENSIONS			
1. Veteran's Affairs			
2. A.I.S.H			
3. Other			
Income from Self-Employment: (please explain)			

18.

ASSETS			
Cash on Hand	\$	Cash in Bank Account	\$
Stocks, Mutual Funds, etc.	\$	Vehicle(s) Present Value	\$
Equity in house (if homeowner)	\$		

19. Drivers License Number: _____
 License Plate Number: _____
 Car – Year/Make/Model: _____
 Car – Year/Make/Model: _____

20. Why do you want to move?
 Health reasons? _____

 Location reasons? _____

 Financial reasons? _____
