


APPLICATION FOR COMMUNITY SOCIAL HOUSING ACCOMMODATION

	INTERVIEW INFORMATION
Donna J. Andres, Housing Manager	Thursdays only, on a walk-in basis
Room 137A, 5201 – 50 Avenue, Wetaskiwin, AB, T9A 0S7	9:00 to 11:30 a.m. and 1:00 – 3:30 p.m.
Phone: 780-352-4435 Fax: 780-352-4458	Our office is closed between 12:00 and 1:00 p.m.
<i>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.</i>	

Instructions for completing application

ALL documentation must be provided and ALL questions answered with 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 of which you would like us to be aware. Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.

You are required to provide the following:

1. Documentation to verify current 3 months residency in any of the requisitioning communities of the City of Wetaskiwin, County of Wetaskiwin, or the Town of Millet. A signed letter from the landlord stating your move-in date, 3 months rent receipts or a signed lease agreement.
2. Documentation to verify all sources of income (Child Tax Credit and GST Rebate are exempt.) This includes Employment Income, Unemployment Insurance, Workers' Compensation, Income Support, AISH, CPP Disability, child support, treaty benefits (including oil royalties, etc.) A letter from the appropriate official must be attached verifying the income amount. *(Forms are available at our office.)*
3. An Employment and Income Verification Form signed by the employer of each working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment. *(Forms are available at our office.)*
4. A copy of your most recent pay cheque, benefit cheque, pension cheque, etc., or a stub from these for each member of your family receiving income from any source.
5. 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 household head, spouse, and all dependents over the age of 18.
6. Valid Alberta Health Care cards for yourself and your dependants. Hospital cards will not be accepted.
(Copies can be made at our office.)

****Applications will not be processed unless all documentation is provided and all questions are fully answered.****

Please note that this application will remain on file for a period of six (6) months. During this time, it is your responsibility to contact this office to report any changes in your circumstances. Should you wish to remain on our wait list for subsidized housing, please call us prior to this deadline.

HOUSING ASSOCIATION USE ONLY		
NAME: _____	DATE RECEIVED _____	
CHECK IN _____	CHECK IN _____	CHECK IN _____
Unit# _____	PLRSP _____	DRSP _____

THE BETHANY GROUP (Wetaskiwin Office)
APPLICATION FOR SUBSIDIZED ACCOMMODATION
(CONFIDENTIAL)

Please answer all questions AND please print or type

1. Applicant's name: (Last) _____ (First) _____
 Home phone: _____ Business Phone: _____ Messages: _____
 Alberta Health Care No.: _____ Birthdate: _____ Social Insurance Number _____
Month/day/year

2. Marital Status: Married _____ Widowed _____ Single _____ Divorced _____ Separated _____
 If common-law or separated, state how long: _____

3. Co-Applicant's name: (Last) _____ (First) _____
 Alberta Health Care No.: _____ Birthdate: _____ Social Insurance Number _____
Month/day/year

4. List all persons; **including yourself**, who will be living with you, should your application be approved.

Last Name	First Name	Relationship to Applicant	Birth Date Month/Day/Year	Occupation/ School Grade
Applicant				

Is a baby expected? No _____ Yes _____ When? _____

Do the above listed children live with you now? Yes _____ No _____ Explain _____

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

6. Present Address: _____ Rent _____ Own _____

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

8. Present Landlord Name: _____ Phone: _____
 How long have you lived at this address? _____ (If less than 2 years, list previous addresses, landlords and length of tenancies for past 2 years. Use a separate sheet if more room is required than provided.)
 Previous Landlord Name: _____ Phone: _____ How long? _____
 Previous Landlord Name: _____ Phone: _____ How long? _____
 Previous Landlord Name: _____ Phone: _____ How long? _____

9. Present Home: House Townhouse Apartment Rooming House Hotel/Motel Other

10. Rooms in your present accommodation include: Kitchen _____ Living Room _____
Dining Room _____ Number of Bedrooms _____ Number of Bathrooms _____

11. Do you share any part of this accommodation with person(s) other than those listed in question #4?
Yes _____ No _____ If yes, how many other persons? No. of adults _____ No. of children _____
What part of the accommodation is shared? _____
Do you pay rent? Yes _____ No _____ If No, do you contribute financially? Yes _____ No _____
If yes, specify: _____

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

13. Do you have pets? Yes _____ No _____ If yes, what kind and how many? _____
(Pets are **not** approved for any of our accommodations)

14. **Reasons for wanting to move.** Please use the following space to describe your present accommodation and to provide any information you would like us to be aware of which would assist in assessing your application for subsidized housing.

If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.

15. ASSETS: Cash on Hand \$ _____ Bank Account \$ _____ Stocks, Bonds, Mutual Funds, \$ _____
Real Estate \$ _____ Mortgage (s) \$ _____ Other Assets \$ _____ (i.e. boat, camper, tools, RV)
Vehicle(s) Value \$ _____

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

16. DRIVER'S LICENSE #: Applicant _____ Co-applicant _____

Car (1)	Year	Make	Model	Color	License Number
Car (2)	Year	Make	Model	Color	License Number

17. EMERGENCY CONTACT PERSON (Other than someone who will be sharing housing with you)

Name	Address	Relationship	Phone

18. STATEMENT OF INCOME

NOTE: All information regarding your family's income must be complete and accurate. **Provide details of employment held in the last twelve (12) months beginning with the most recent employer.**

APPLICANT'S NAME: _____

SOCIAL INSURANCE # _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

CO-APPLICANT'S NAME: _____

SOCIAL INSURANCE # _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

OTHER HOUSEHOLD MEMBER NAME: _____

SOCIAL INSURANCE # _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

HAVE YOU RECEIVED ANY OTHER SOURCE OF INCOME IN THE PAST TWELVE (12) MONTHS?

(Please indicate N/A if not applicable) (Please provide your most recent income tax assessment)

SOURCE OF INCOME	RECIPIENT <i>(Who is receiving this)</i>	START DATE	END DATE	GROSS MONTHLY
1. Student Grants/Allowances				
2. Employment Insurance				
3. Worker's Compensation				
4. Income Support Benefits				
5. AISH				
6. Child Support / Alimony				
7. Other Income (tips, interest, treaty benefits, royalties, etc)				
8. CPP Disability				
9. Pensions				
a. Old Age Security	_____	_____	_____	_____
b. Guaranteed Income Security	_____	_____	_____	_____
c. C.P.P.	_____	_____	_____	_____
d. Alberta Senior Benefits	_____	_____	_____	_____
e. Other	_____	_____	_____	_____

19. INCOME FROM SELF-EMPLOYMENT: _____ \$

(Please submit financial statement)

I understand this application does not constitute 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 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 The Bethany Group or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel 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.

I HEREBY GIVE PERMISSION FOR CURRENT OR PAST LANDLORDS TO RELEASE ANY INFORMATION WHICH DIRECTLY AFFECTS THIS APPLICATION FOR SUBSIDIZED HOUSING.

Applicant

Co-Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMMODATION IN THE HOUSING PROJECT.

I/We, _____ of the _____ of _____,
in the Province of Alberta, do solemnly declare as follows:

1. That I am/we are the applicant (s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta for _____ years of my life/ our lives, and in this district for _____ years.

And I/we 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 _____)

at the _____ of _____)

in the Province of Alberta, this _____ day)

of _____, 20_____)

Signature of Applicant

Signature of Co-Applicant

A COMMISSIONER FOR OATHS IN AND FOR THE PROVINCE OF ALBERTA

My appointment expires on: _____ Commissioner Stamp: _____