



# Application Form

AFFORDABLE HOUSING | COMMUNITY HOUSING | RENT ASSISTANCE BENEFIT

[www.thebethanygroup.ca](http://www.thebethanygroup.ca)

## **AFFORDABLE HOUSING**

---

*If approved, applicants will be provided a unit located within The Bethany Group's housing area.*

*Monthly rent is a set rate, below the average market rate.*

Applicants must:

- Have a low to moderate gross household income
- Have less than \$25,000 in assets (not including household furnishings)
- Have acceptable rental references from current and past landlords

Applicants can be individuals, couples, or families

\* **ALL units are smoke-free**

## **COMMUNITY HOUSING**

---

*If approved, applicants will be provided a unit located within The Bethany Group's housing area.*

*In most cases, rent is based on 30% of gross household income.*

Applicants must:

- Have a gross household income below the applicable maximum set by the Government of Alberta
- Have less than \$25,000 in assets (not including household furnishings)
- Have dependent children

\* **ALL units are smoke-free**

## **RENT ASSISTANCE BENEFIT**

---

*If approved, applicants keep their current rental unit and a monthly benefit will be provided to assist with rent.*

Applicants must:

- Be current residents of the municipality that they are applying within
- Have a gross household income below the applicable maximum set by the Government of Alberta
- Have less than \$25,000 in assets (not including household furnishings)

Applicants can be individuals, couples, or families

\* **Shared accommodation or Room & Board arrangements are not eligible for the Rent Assistance Benefit**

### **The Bethany Group Office Use Only**

Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Applications can be dropped off at the following service centres during business hours:**

**Camrose Service Centre**

4612 – 53 Street, Camrose, AB T4V 1Y6

Tel: 780-679-2002

Fax: 780-679-3054

Email: [Housing.Camrose@bethanygrp.ca](mailto:Housing.Camrose@bethanygrp.ca)

(Affordable & Community Housing, Rent Assistance Benefit)

**Lacombe Service Centre**

4622 C&E Trail, Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: [Housing.Lacombe@bethanygrp.ca](mailto:Housing.Lacombe@bethanygrp.ca)

(Affordable & Community Housing, Rent Assistance Benefit)

**Wetaskiwin Service Centre**

300, 4501 – 60 Street, Wetaskiwin, AB T9A 1X7

Tel: 780-352-4435

Fax: 780-352-4458

Email: [Housing.Wetaskiwin@bethanygrp.ca](mailto:Housing.Wetaskiwin@bethanygrp.ca)

(Community Housing, Rent Assistance Benefit)

**Please select each program you are applying for:**

Affordable Housing

Community Housing

Rent Assistance Benefit

---

## PLEASE READ CAREFULLY

---

### **Instructions for completing application:**

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

If a question does not apply to your situation, mark N/A in the section.

Please attach any other information that you would like us to be aware of.

**You are required to provide verification of the following** (*Copies can be made in our offices*):

1.  Photo ID
2.  A signed lease agreement and three most recent months' rent receipts (Rent Assistance Benefit Only)
3.  Employment Income – a copy of your most recent pay cheque stub and an Income & Employment Verification Form (attached) signed by the employer for 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.
4.  Employment Insurance printout of My Current Claim and My Payment History, Workers' Compensation Benefit Statement, Income Support Benefit Statement, AISH Benefit Statement. Band or Treaty Benefits (including oil royalties, etc.) must have a letter attached from the appropriate official verifying the income amount.
5.  Verify all other income sources including any Child Support or Alimony, Pension Benefits (such as Veterans, Orphans, Widows, CPP Disability, Private Pension Plan, etc.) with a copy of the most recent bank statement, pay cheque/stub, benefit cheque, pension cheque, etc., from any of these for each member of your family receiving income from any source.
6.  A current Tax Return, Notice of Assessment, and Canada Child Benefit
7.  If you are a student, funding documents and 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, partner, and all dependents over the age of 18.

Please note that this application will remain on file for a period of **six (6) months** from the date it was completed. During this time, it is your responsibility to contact this office to **report in writing any changes** in your circumstances such as family composition, contact information, financial information, etc.

**Whether you are eligible or not, you will be contacted within seven (7) business days from receipt of your completed application.**

If a translator was required to complete this application, please provide the following:

---

Translator's Name

---

Telephone Number

*The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(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 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 further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

***To 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.***

DOMINION OF CANADA ) IN THE MATTER OF THIS APPLICATION FOR DWELLING  
PROVINCE OF ALBERTA ) ACCOMMODATION IN THE HOUSING PROJECT.  
TO WIT: )

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: \_\_\_\_\_ Print or Stamp Name here: \_\_\_\_\_

---

# APPLICATION FOR SUBSIDIZED ACCOMMODATION / RENT ASSISTANCE

(CONFIDENTIAL)

---

Please answer all questions AND please print or type.

1. Applicant's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Month/Day/Year

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Can we safely contact you at the phone numbers listed above? Yes  No

If not, what is the best way for us to reach you? \_\_\_\_\_

2. Co-Applicant's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Month/Day/Year

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

3. List all other individuals who will be living with you, should your application be approved.  
*Please use a separate sheet if more room is required.*

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

Is a baby expected? Yes  No  Due Date? \_\_\_\_\_

Do the above listed children currently live with you **full-time**? Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_

4. Are all members listed above Canadian Citizens? Yes  No

**If no, please provide copies of immigration papers for members who are not Canadian Citizens.**

5. Current Address: \_\_\_\_\_

\_\_\_\_\_ Municipality

\_\_\_\_\_ Postal Code

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Municipality

\_\_\_\_\_ Postal Code

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

7. Monthly Mortgage/Rent payment \$ \_\_\_\_\_, plus \$ \_\_\_\_\_ for property taxes,  
\$ \_\_\_\_\_ for heat, \$ \_\_\_\_\_ for light, and \$ \_\_\_\_\_ for water and sewer.

If you do not pay rent, do you contribute financially? Yes  No

If yes, please specify: \_\_\_\_\_

8. Present Landlord Name: \_\_\_\_\_

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

\_\_\_\_\_ Municipality

Telephone number: \_\_\_\_\_

What date did you move to this address? \_\_\_\_\_

9. Present Accommodation: House  Townhouse  Apartment  Basement Suite   
Rooming House  Hotel/Motel  Other  \_\_\_\_\_

If you currently reside in a Basement Suite, is it a legal suite? Yes  No

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 individuals other than those in this application?

Yes  No  If yes, how many individuals? No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_

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

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? \_\_\_\_\_

14. List previous residential tenancies for the past 2 years, beginning with the most recent.

*Please use a separate sheet if more room is required than provided.*

Previous Landlord Name and Phone Number: \_\_\_\_\_

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

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Landlord Name and Phone Number: \_\_\_\_\_

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

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

15. Have you rented subsidized housing before? Yes  No  If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

16. **If you are applying for Subsidized Housing, what are your reasons for wanting to move?**

Health  Safety  Financial  Location  Eviction  Other

Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application for subsidized housing. *Please use a separate sheet if more room is required than provided.*

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

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

17. DRIVER'S LICENSE #: Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Vehicle (1) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Plate

Vehicle (2) \_\_\_\_\_  
Year                      Make                      Model                      Color                      License Plate

18. Emergency Contact Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. ASSETS	DOLLAR VALUE
Cash on Hand / Bank Account	\$
Stocks, Bonds, Mutual Funds - Specify: _____	\$
Other Assets (boat, camper, RV, etc.) - Specify: _____	\$
Mortgage(s) (Amount in Repayment)	\$
<i>Current Market Value</i>	\$
Additional Real Estate - Specify: _____	\$
Current Vehicle(s) Value	\$
<i>Amount owing on vehicle(s)</i>	\$
<i>Monthly Payment</i>	\$

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

**20. STATEMENT OF INCOME**

All information regarding your family's income must be complete and accurate.

Provide details of all employment held in the last twelve (12) months, beginning with the most recent employer. Please use a separate sheet if more room is required than provided.

\* If currently employed, the attached Income & Employment Verification Form is also required.

**Applicant's Name:** \_\_\_\_\_

Company Name & Address	Start Date of Employment	End Date of Employment	<u>Gross</u> Monthly Pay	Hourly Rate	Hours per Week

**Co-Applicant's Name:** \_\_\_\_\_

Company Name & Address	Start Date of Employment	End Date of Employment	<u>Gross</u> Monthly Pay	Hourly Rate	Hours per Week

**Other Household Member's Name:** \_\_\_\_\_

Company Name & Address	Start Date of Employment	End Date of Employment	<u>Gross</u> Monthly Pay	Hourly Rate	Hours per Week



21. Income from Self-Employment. Please explain: \_\_\_\_\_

\* Self-Employment must include the submission of a Financial Statement subject to review by The Bethany Group.

22. Have you received any other sources of income in the past twelve (12) months?

Source of Income	Name of Family Member in Receipt	Start Date	End Date	Gross Monthly Income
1. Student Grants/Allowances				
2. Employment Insurance				
3. Worker's Compensation				
4. Income Support Benefits				
5. AISH				
6. Child/Spousal Support				
7. Canada Child Benefit				
8. Other Income (tips, interest, treaty benefits, royalties, etc.)				
9. CPP Disability				
10. Pensions				
a. Old Age Security				
b. Guaranteed Income Supplement				
c. CPP (retirement, widow, orphan)				
d. Alberta Senior Benefits				
e. Veterans Affairs				
f. Private Pension				
11. Other				

## INCOME AND EMPLOYMENT VERIFICATION FORM

**EMPLOYER:**

---

Company Name

---

Street Address

---

City/Town

---

Postal Code

---

Telephone Number

**EMPLOYEE:**

---

Applicant's Name

---

Street Address

---

City/Town

---

Postal Code

---

Telephone Number

I have made application for Rental Accommodation/Rent Subsidy and verification of my employment status and earnings is required. Please provide this information by completing and signing the lower portion of this form. It is important that the information be as accurate as possible. Your early attention to this request will be appreciated.

---

Signature of Employee

---

Date

### EMPLOYER'S VERIFICATION

The following information is provided in strict confidence as requested by the above employee.

**GENERAL INFORMATION:**

1. Is the employee currently employed by your firm? Yes  No
2. Date employment commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
3. Number of months employed out of the past year: \_\_\_\_\_
4. Employee's present position: \_\_\_\_\_
5. Nature of employment: Full-time  Part-time  Seasonal  Permanent  Temporary

**PAY INFORMATION:**

1. If employee is on a fixed salary, please state **gross** monthly income \$ \_\_\_\_\_
2. If employee is on an hourly rate, state a) Hourly rate of pay \$ \_\_\_\_\_ and b) Number of hours worked per week \_\_\_\_\_

**EARNINGS TO DATE:**

1. **Gross** income paid to this employee by your firm in the past 12 months. \$ \_\_\_\_\_
2. How much of this income was for overtime? \$ \_\_\_\_\_
3. How much of this income was for bonus/commission? \$ \_\_\_\_\_

**PROSPECTS FOR CONTINUED EMPLOYMENT:** Good  Fair  Poor

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify the information given in this declaration is true, correct, and complete to the best of my knowledge.

---

Printed Name

---

Position

---

Signature of Employer

---

Date

**WARNING:** "IF THE EMPLOYER DELIBERATELY SUBMITS FALSE INFORMATION WHICH BECOMES A BASIS FOR ASSISTANCE/APPROVAL AND WHICH ASSISTANCE/APPROVAL WOULD NOT HAVE BEEN OTHERWISE GRANTED HAD THE CORRECT INFORMATION BEEN SUBMITTED, THIS IS AN OFFENSE UNDER THE CRIMINAL CODE OF CANADA."