



## CONFIDENTIAL APPLICATION FOR ACCOMMODATION

Carefully read entire application, complete all questions, supply required documentation, sign the application, and forward or have the application forwarded to Heartland Housing Foundation. If a question does not apply to you, mark N/A in the section.

Applicants must be functionally independent or functionally independent with the assistance of community based services. Functional independence means you are physically, mentally and emotionally able to look after your own personal needs and are able to interact socially with other residents. You must also be able to: manage your personal medications, maintain appropriate personal hygiene, maintain your unit in a tidy condition, live amicably with fellow residents of the building and follow the Residential Tenancy Agreement.

**\*Please Note: Failure to complete application in its entirety will result in a delay in processing.**

### PERSONAL INFORMATION

#### PRIMARY APPLICANT

Applicant's Name

\_\_\_\_\_ (Last) (First)

Current Address:

\_\_\_\_\_ (Street/Box/Apartment)

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

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

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

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

SIN: \_\_\_\_\_

Alberta Health Care: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Are you a :  Canadian Citizen  Landed Immigrant  Other (specify): \_\_\_\_\_

Marital Status:

Married  Widowed  Single  Divorced  Separated  Common-Law

If Common Law or Separated, please state how long: \_\_\_\_\_

CO-APPLICANT (if applicable)

Co-Applicant's Name \_\_\_\_\_  
 (Last) (First)

Current Address: \_\_\_\_\_  
 (Street/Box/Apartment)

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SIN: \_\_\_\_\_

Alberta Health Care: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

Are you a:  Canadian Citizen  Landed Immigrant  Other (specify): \_\_\_\_\_

Marital Status:

Married  Widowed  Single  Divorced  Separated  Common-Law

If Common Law or Separated, please state how long: \_\_\_\_\_

**2.** List all the persons, INCLUDING YOURSELF, who will be living with you should your application be approved.

Last Name	First Name	Relationship To Applicant	Birth Date (DD/MM/YY)	Occupation / School Grade
		APPLICANT		

## **PAST & PRESENT ACCOMMODATION**

### **CURRENT ADDRESS**

1. Is your current accommodation:  Owned?  Rented?

2. How long have you lived at your current address? \_\_\_\_\_ months \_\_\_\_\_ years

3. Type of accommodation:

House     Apartment (with elevator)     Apartment (without elevator)     Lodge     Hotel/Motel

Rent or house payment: \$ \_\_\_\_\_/month

Do you pay:     Power?     Water?     Gas?

4. If renting, please provide:

Name of present landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

5. Rooms in your present accommodation

Kitchen     Living Room     Dining Room     Bedroom(s)

6. Do you share any part of the accommodation with anyone?  Yes  No

If yes, how many other persons? \_\_\_\_\_ # of adults: \_\_\_\_\_ # of children

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

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

7. Describe your present accommodation and situation. This space is provided for you to explain your reasons for applying for housing, and will assist us in the processing of your application. You may attach another sheet of paper, if you wish to provide additional information.

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**PREVIOUS ADDRESS**

1. Did you own or rent your previous accommodation?  Own  Rent

Previous address: \_\_\_\_\_

If renting, name of previous landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. Have you resided in affordable housing previously?  Yes  No

If yes, where? \_\_\_\_\_

3. Have you ever been given a "Notice to Vacate"?  Yes  No

If yes, please submit a copy of the notice stating the reason for eviction.

**TRANSPORTATION**

Do you own a vehicle:  Yes  No

If yes, please provide vehicle details.

Vehicle #1:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year Make Model Colour License Plate #

Vehicle #2:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year Make Model Colour License Plate #

## **COMMUNITY SUPPORT SERVICES**

Please indicate if you receiving any of the following services:

<input type="checkbox"/> Day Program	Contact Name:	_____
<input type="checkbox"/> Private Care	Contact Name:	_____
<input type="checkbox"/> Mental Health Services	Contact Name:	_____
<input type="checkbox"/> Home Care	Coordinator's Name:	_____
<input type="checkbox"/> Social Assistance/A.I.S.H. Worker	Contact Name:	_____
<input type="checkbox"/> Parole Officer	Officer's Name:	_____
<input type="checkbox"/> Other (specify): _____	Contact Name:	_____

## **STATEMENT OF INCOME**

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

Please provide details of current and previous employment held in the last twelve (12) months beginning with the most recent employer.

Name of Applicant: \_\_\_\_\_

Company Name & Address	Employed (From / To)	Rate of Pay	Hours / Week

Name of Co-Applicant or Dependent: \_\_\_\_\_

Company Name & Address	Employed (From / To)	Rate of Pay	Hours / Week

Have you received any other sources of income in the past twelve (12) months? (Please mark as N/A if not applicable)

TYPE OF MONTHLY INCOME	Name of Family Member in Receipt	Date (Start / End)	Gross Monthly Income (\$)
Self-employment			
Employment Insurance			
Student Grants/Allowance			
Supports for Independence			
Workers' Compensation			
Child Support/Alimony (Volunteer or Court Awarded)			
Other Income (Tips, Interest, Royalties, Pensions) <b>Specify:</b> _____			
Social Assistance			
Canada Pension (Retirement, Widow, and/or Disability Benefits)			

**You will be required to provide the following:**

- The most recent copy of your Personal Income Tax Notice of Assessment
- Proof of receipt of Employment Insurance, Worker's Compensation or Social Assistance by you and/or any member of your family (if applicable). Heartland Housing Foundation requires a letter from the appropriate office verifying the amount of the benefits.
- Documentation to verify all other sources of income (if applicable) e.g. child support, royalties, etc.
- Proof of full-time or part-time student status for the head of household, co-applicant and all dependents over the age of 18 (if applicable). Heartland Housing Foundation requires a letter from the school's registrar to verify student status.

## **ASSETS**

INVESTMENTS/ASSETS	VALUE \$	MONTHLY INTEREST / INCOME (\$)	ANNUAL INTEREST / INCOME (\$)
Chequing/Savings Accounts			
R.R.S.P/R.R.I.F			
Term Deposits/GIC's			
Bonds (Canada Savings/Alberta Bonds)			
Annuities			
Rental Properties			
Other Investment Income			
House			
Cottage/Vacation Home			
Recreational Vehicles			
Other <i>Specify:</i> _____			

## **NEXT OF KIN / EMERGENCY CONTACT**

If we are unable to contact you, should the need arise, we will contact your next of kin.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

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

**APPLICANT'S ACKNOWLEDGMENT**

I understand that this is an application for accommodation and not an agreement on the part of Heartland Housing Foundation to provide me with rental accommodation.

I further acknowledge the right of Heartland Housing Foundation, 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 Heartland Housing Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise Heartland Housing Foundation, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy Act (32-C) and is required for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of my personal information should be directed to the FOIP Coordinator at Heartland Housing Foundation.

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.

\_\_\_\_\_  
Signature of Commissioner of Oaths

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

\_\_\_\_\_  
Printed Name of Commissioner of Oaths

\_\_\_\_\_  
Printed Name of Applicant

My appointment expires on:    /    /      
  Day   Month   Year

Application date:                /    /      
  Day   Month   Year



**FOR OFFICE USE ONLY**

Accepted       Rejected

Date of Move-In:                /    /      
  Day   Month   Year