

# Heart River Housing

Box 610, Fox Creek, AB T0H 1P0

Telephone (780)622-3758 Fax (780)622-3738

## APPLICATION FOR ACCOMMODATION - FAMILY HOUSING

The information requested herein is required under the Alberta Housing Act to assess eligibility for housing and rent geared to income.

**I/We declare that:**

- all information given herein and herewith is true and complete in all respects.

**I/We agree to:**

- notify Heart River Housing, in writing, of all changes to my financial or family circumstances from this day forward as changes occur.

- continue with support services currently established or being established by a shelter or any social support agency or hospital/medical support service, until such time as the shelter, agency or support services deems this service is no longer practical or required.

**I/We understand that:**

- all information provided herein or in the future is subject to audit. Failure to provide information requested for auditing purposes will result in cancellation of the application or termination of the tenancy.

- this application does not constitute an agreement on the part of Heart River Housing or its agents to provide me with rental accommodation.

- Heart River Housing may withdraw, revoke or cancel my application for housing without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.

- giving false information on this application or any future document provided to Heart River Housing, or failure to report all changes as required may result in recovery action, criminal charges and termination of the tenancy.

- the signing of this agreement shall be binding on all parties throughout the duration of the tenancy period.

The above Statements and the Authorization Statements on page 6 were read by the Agent of Heart River Housing to the Applicant(s) and understood by the Applicant(s)

\_\_\_\_\_  
Witness (Agent of Heart River Housing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness (Agent of Heart River Housing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

### STATUTORY DECLARATION

Canada) Province of Alberta)

In the matter of this application for dwelling accommodation

I, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of ALBERTA, do solemnly declare as follows:

1. That I am the applicant on the said application
2. That the statements made in the said application are full and true in all respects.

And 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 by virtue of the "Canada Evidence Act".

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_,

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

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta whose commission expires on \_\_\_\_\_, \_\_\_\_\_

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

### STATUTORY DECLARATION

Canada) Province of Alberta)

In the matter of this application for dwelling accommodation

I, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of ALBERTA, do solemnly declare as follows:

1. That I am the applicant on the said application
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Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_,

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

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta whose commission expires on \_\_\_\_\_, \_\_\_\_\_

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

Please read carefully and answer all questions - Please print

**THIS SECTION FOR HRH OFFICE USE ONLY**

*HOUSING MANAGERS: As soon as a unit has been assigned, please complete this section and fax page one to Central office.*

Move In Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Point Score #:</b>
<b># of Bedrooms Req'd:</b>
<b>Previous Tenure (circle one):</b> Own          Rent          R & B Other (explain) _____
<b>Total Annual Income:</b> 1. Applicant \$ 2. Co-Applicant \$                      3. Other \$

**1. Applicant's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Insurance No.** \_\_\_\_\_  
**Co-Applicant's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Social Insurance No.** \_\_\_\_\_

**2. Current Mailing Address:** \_\_\_\_\_  
**Home Telephone No.:** \_\_\_\_\_  
**Work Telephone No.:** \_\_\_\_\_  
**Messages Telephone No.:** \_\_\_\_\_

**3. Marital Status:** Married \_\_\_\_\_ Separated \_\_\_\_\_  
Common-Law \_\_\_\_\_ Divorced \_\_\_\_\_  
Single \_\_\_\_\_  
If Common-Law or Separated, state how long - \_\_\_\_\_

**4. Members of Household - list all persons who will be residing with you**

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	STUDENT / TRADE / OCCUPATION	S.I.N. No.

**5. Is a baby expected?** NO  YES  Due date? \_\_\_\_\_

**6. Are all members of household (listed above) Canadian Citizens?** NO  YES

**7. Have you or the co-applicant previously lived in subsidized social housing?**  
NO  YES  When? \_\_\_\_\_ Where? \_\_\_\_\_

**8. Have you or the co-applicant ever previously owned a home under the Rural Emergency Home Program (REHP)?**  
NO  YES  When? \_\_\_\_\_ Where? \_\_\_\_\_

**9. Present accommodations?**

<b>a.</b> OWN	<input type="checkbox"/>	Civic Address: _____
RENT	<input type="checkbox"/>	Civic Address: _____
ROOM & BOARD	<input type="checkbox"/>	Civic Address: _____
HOTEL/MOTEL	<input type="checkbox"/>	Explain: _____
OTHER	<input type="checkbox"/>	Explain: _____

**b.** Provide the name, mailing address, and phone number of present landlord if you rent or room & board.

How long have you resided at your present address? \_\_\_\_\_

**c.** What is your present monthly rent or house payment? \_\_\_\_\_

**d.** Describe your present accommodations.

HOUSE	<input type="text"/>	Number of Bedrooms:	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
DUPLEX	<input type="text"/>	Number of Bathrooms:	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3		
APARTMENT	<input type="text"/>	Kitchen	<input type="text"/>	Living Room	<input type="text"/>	Dining Room	<input type="text"/>
TRAILER	<input type="text"/>						
OTHER	<input type="text"/>						

**e.** Utilities - what is the average amount paid each month for:

Heat: \_\_\_\_\_  
 Water & Sewer: \_\_\_\_\_  
 Electricity: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**f.** Do you share any part of your present accommodation with person(s) other than those listed in question #4?

NO   
 YES  # of adults \_\_\_\_\_ # of children \_\_\_\_\_

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

**g.** If you do not pay rent, do you contribute financially?

NO   
 YES  specify - \_\_\_\_\_

**10. Do you have a pet?**

NO   
 YES  describe - \_\_\_\_\_

**11. Statement of Income**

*All information regarding your family's income must be complete and accurate. Provide details of your employment during the past 12 months. If you have had more than one employer please provide that information as well (begin with your most recent employer).*

**Applicant Name:**

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

**Co-Applicant Name:**

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

**Other Member of Household Name:**

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

*Provide details of any other source(s) of income received in the past twelve months.*

Source of Income	Name of household member in receipt	Date - From / To	Gross Monthly Income
SOCIAL ASSISTANCE			
STUDENT FINANCE			
UNEMPLOYMENT INSURANCE			
WORKERS' COMPENSATION			
CHILD SUPPORT / ALIMONY			
PENSION(S)			
SELF - EMPLOYMENT** **See below**			
OTHER (Interest Royalties, Foster Care Tips, Commissions)			

**\*\*Details of self employment must be outlined by the submission of a financial statement and will be subject to review by Heart River Housing.\*\***

**12. Assets**

**a.** Does any household member have ownership interest in a business or real estate property?

NO  
YES


Explain: \_\_\_\_\_

Provide address of business/property: \_\_\_\_\_

Provide percentage of business/property: \_\_\_\_\_

Net worth of business/property: \_\_\_\_\_

**b.** List ALL chequing and savings accounts for every member of the household.

(Should more room be needed, please attached a separate page.)

1. Name of person holding account: \_\_\_\_\_

Name of Bank and address: \_\_\_\_\_

Present balance: \_\_\_\_\_

Interest received in last 12 months: \_\_\_\_\_

2. Name of person holding account: \_\_\_\_\_

Name of Bank and address: \_\_\_\_\_

Present balance: \_\_\_\_\_

Interest received in last 12 months: \_\_\_\_\_

3. Name of person holding account: \_\_\_\_\_

Name of Bank and address: \_\_\_\_\_

Present balance: \_\_\_\_\_

Interest received in last 12 months: \_\_\_\_\_

**c.** Provide the estimated value of household belongings (furniture, audio/visual equipment, appliances, etc.).

**d.** Provide the information below if you have other assets (stocks, bonds, debenture, trusts, etc.)

	Type of Asset	Amount	Source	Interest Received
1.				
2.				

Other cash: \_\_\_\_\_

Explain: \_\_\_\_\_

**e.** Provide the information below on ALL vehicles owned or leased.

Make & Model	Year	License Plate #	Monthly Loan / Lease Amount	Outstanding Loan Lease Amount

**13.** Provide the name of two people (previous landlords / employers) we may contact for a reference.

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

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

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

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

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

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

**14.**

**a.** Why do you wish to move from your current accommodation?

\_\_\_\_\_

**b.** If you have been served with a Notice to Vacate (Eviction Notice), please furnish a copy.

Why was this notice issued?

\_\_\_\_\_

\_\_\_\_\_

**15.** Please indicate other relevant information that you wish to provide, such as the condition of your present accommodation or special family circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This information is collected pursuant to the provisions of the Housing Act and its regulations, and pursuant to section 32(c) of FOIPP Act.

For more information contact Heart River Housing Administrator, Box 909, High Prairie, AB T0G 1E0, (780)523-5282

Many employers or agencies who furnish assistance and/or benefits (Alberta Family and Social Services, Employment Insurance, etc.) will not release information without written consent from the employee or recipient. We therefore, request the following be signed by all persons who are 15 years of age or older.

I/We authorize:

-Heart River Housing, or its designate, to verify all information provided relating to this Application of Accommodation and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureau, financial institutions, federal, provincial, or municipal government departments, offices, agencies, boards or landlords.

- Heart River Housing, or its designate, to release and exchange any information and documents including personal information by and between Heart River Housing and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers

- the parties/agencies noted in the previous paragraph to release the same such information to Heart River Housing.

- Heart River Housing to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

APPLICANT:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Insurance Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

CO-APPLICANT:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Insurance Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

OTHER:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Insurance Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

OTHER:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Insurance Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

OTHER:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Insurance Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date