

## Subsidized Housing Application – Wheatland Housing

**Applicants with highest need for housing are placed first regardless of date of application. If you are selected for subsidized housing you will be contacted by our Social Housing Manager.**

Complete **ALL** questions; supply ALL of 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 you would like us to be aware of. All personal information provided will be kept in confidence.

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

A signed letter from 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.

- If you or any member of your family is receiving Unemployment Insurance, Worker's Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income i.e. child support, oil royalties, alimony, child tax benefits etc...
- 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. Income tax notice of assessment.
- If you are a student, a letter from the registrar of your school verifying your registrations a full-time or part-time student. This is required for household head, spouse and all dependents over the age of eighteen years.
- A copy of a valid Alberta Health Care card for each member on the application
- In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled. However, it can be reactivated at any time in the following 12 months. It is not necessary to complete another application form.

**IT IS VERY IMPORTANT TO NOTIFY WHEATLAND HOUSING MANAGEMENT BODY IF THERE ARE ANY CHANGES WITH;**

Source of income, Family size or composition, Address, phone number etc., your need for housing

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED**

**PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION**

The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you may contact our Social Housing Manager at 403-934-3937. Office hours are Monday to Friday 8:30am to 4:30pm, by appointment only.

Wheatland Social Housing Office  
95 Wheatland Trail  
Strathmore, Alberta, T1P 1A4  
Email: [socialhousing@whmb.ca](mailto:socialhousing@whmb.ca)  
PHONE: (403) 934-3937 Fax: (403) 934-4491

# WHEATLAND HOUSING MANAGEMENT BODY APPLICATION

PLEASE INDICATE WHICH BUILDING/PROGRAM YOU ARE APPLYING FOR:

## Senior's Self-Contained

Please number in order of preference which building you are applying for:

\_\_\_ Strathmore, Sunset Haven      \_\_\_ Strathmore, Dr. Giffen Manor  
\_\_\_ Carseland, Carseland Manor      \_\_\_ Gleichen, Stocken Manor  
\_\_\_ Rockyford, Rock Springs Manor      \_\_\_ Standard, Sunrise Manor

## Social Housing – 3 bedroom or greater needed

\_\_\_ 3 Bedrooms      \_\_\_ 4 Bedrooms

Rent Assistance Benefit \_\_\_\_\_

NOTE: PLEASE ANSWER ALL QUESTIONS

1. **Applicant Name:** \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth \_\_\_\_\_ AB Health Care # \_\_\_\_\_

2. **Co-applicant Name:** \_\_\_\_\_  
(Last Name) (First Name)

Date of Birth \_\_\_\_\_ AB Health Care # \_\_\_\_\_

3. Are you a:    \_\_\_ Canadian Citizen  
                  \_\_\_ Landed Immigrant (If yes, landed immigrant papers must be provided)  
                  \_\_\_ or \_\_\_\_\_

4. **Marital Status:**  
      \_\_\_ Married    \_\_\_ Divorced    \_\_\_ Widowed    \_\_\_ Separated  
      \_\_\_ Adult Inter-Dependant Relationship    \_\_\_ Single

If separated, divorced, adult inter-dependant relationship, state length of time \_\_\_\_\_

5. **Present Address:** \_\_\_\_\_  
(P.O. Box/Apartment No./Street)

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

Length of Tenancy \_\_\_\_\_

**Present Landlord's Name** \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

6. **Former Address:** \_\_\_\_\_  
(P.O. Box/Apartment No./Street)

\_\_\_\_\_  
(City/Town/Province) (Postal Code) Length of Tenancy \_\_\_\_\_

**Former Landlord's Name:** \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

7. Have you ever received subsidized housing in the past? \_\_\_ Yes \_\_\_  No

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

**HOUSEHOLD COMPOSITION**

In the chart below, enter the names of **ALL** persons, **including yourself**, who will be living in your household.

FULL NAME	RELATIONSHIP	EMPLOYER OR SCHOOL	BIRTHDATE	AGE
1.				
2.				
3.				
4.				
5.				
6.				

**EMPLOYMENT and INCOME STATEMENT**

LIST ALL JOBS OR POSITIONS HELD DURING THE PAST 12 MONTHS, BEGINNING WITH THE MOST RECENT EMPLOYER.

**Applicant's Name:**

**S.I.N**

Employer/s Name	Phone #	Employment Dates	Hrs/Wk	Rate of Pay/Hour
1.				
2.				
3.				

**Co-applicant's Name:**

**S.I.N**

Employer's Name	Phone #	Employment Dates	Hrs/Wk	Rate of Pay/Hour
1.				
2.				
3.				

**Other Household Members over the age of 15**

**Names:**

**S.I.N**

Employer's Name	Phone #	Employment Dates	Hrs/Wk	Rate of Pay/Hour
1.				
2.				
3.				

**MONTHLY INCOME**

Provide the Gross Income (before deductions) from **ALL SOURCES** for **ALL PERSONS** listed on this application. This includes all income received from any type of pension, employment, bank savings, bonds, rental property, business investments, student loans, Provincial and Federal payments etc. as listed below:

TYPE OF INCOME	APPLICANT	CO-APPLICANT
Employment Income (Salary, Wages, Tips)		
Commission Income		
Investment Income (Interest)		
Rental Income (from Investment Properties)		
Alimony/Child Support		
Child Tax Credit		
Disability Allowance		
Employment Insurance		
Worker's Compensation		
Student Grants/Allowance/Loan Attach Student Expenses		
Old Age Security Pension, Guaranteed Income Supplement CPP/QPP Pension		
Private Pensions or Annuities		
Self Employment Income		
A.I.S.H. (Assured Income for Severely Handicapped)		
Income Support / Social Assistance		
Other (Please Specify)		

ASSETS	APPLICANT	CO-APPLICANT
Real Estate - value		
Mortgage -		
Bonds & Securities		
RRSP's		
Cash & Bank Deposits		

8. Do you own a vehicle?  Yes  No Make \_\_\_\_\_ Year \_\_\_\_\_  
 License Plate # \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_  
 Driver's License: \_\_\_\_\_

9. Do you presently have a pet?  Yes  No What kind? \_\_\_\_\_  
Wheatland Housing Implements a no pet policy
10. Do you smoke?  Yes  No  
All of our housing is non-smoking and smoking is not permitted in our properties
11. Describe present accommodation:  Rent; or  Own;  
 House  Apartment  
 Hotel/Motel  Rooming House  
 Other  
Elevator:  Yes  No
12. Present rent or house payment is \$\_\_\_\_\_ per month, plus  
\$\_\_\_\_\_ for heat \$ \_\_\_\_\_ for light \$ \_\_\_\_\_ for water & sewer
13. If you own your own home, what would the value of it be? \$ \_\_\_\_\_
14. Rooms in your present accommodations:  
\_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Kitchen \_\_\_\_\_ Living Room  
\_\_\_\_\_ Dining Room \_\_\_\_\_ Bathroom
15. Number of person(s) sharing your accommodations:  Adults  
 Children
16. Does any member of your household require accommodation adapted for a special need? (ie. Wheelchair accessibility, etc.)  Yes  No  
Family Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
17. Do you share with other occupants the use of the kitchen, bathroom, or bedroom?  Yes  No  
If yes, Number of Person(s) sharing the kitchen \_\_\_\_\_  
Number of Person(s) sharing the bathroom \_\_\_\_\_  
Number of Person(s) sharing the Bedroom \_\_\_\_\_

Reasons for wanting to move: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction: \_\_\_\_\_  
\_\_\_\_\_

(Optional) Other related information you wish to provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

19. List 2 References (not relatives):

1. \_\_\_\_\_ 2. \_\_\_\_\_

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

If applicable, SOCIAL WORKER'S NAME: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I/We understand that this application does not constitute an agreement on the part of Wheatland Housing Management Body or its agents to provide me/us with rental accommodation.

I/We further acknowledge the right of the Housing Management Body at any time prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.

I/We hereby authorize you to make any inquiries you deem necessary to verify the facts contained herein by any method the Housing Authority deems necessary, being fully aware that discovery of any false statement shall cancel any further consideration of any application.

I/We further agree that I/We am/are obligated to advise the Housing Management Body in writing, of any changes in family composition, gross income, assets, employment or change of address, should they occur.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Applicant)

\*\*\*\*\*

### STATUTORY DECLARATION (completed at time of Interview)

I/We \_\_\_\_\_ do solemnly declare as follows:

1. That I am the applicant(s).
2. That the statements made by me in the said declaration(s) are, to the best of my knowledge, information and belief, full and true in all respects: 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 \_\_\_\_\_ (WHMB Office Staff)

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_