

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 over the age of 22, 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, or Student Financial Aid, 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 (over the age of 22) 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.

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
PHONE: (403) 934-3937 Fax: (403) 934-4329

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. **Household** : Please check off any of the following population groups that apply:

Indigenous Peoples _____
People with Disabilities _____
Individual fleeing violence _____
Individual leaving second stage housing _____
At risk of or transitioning out of homelessness _____
People dealing with mental health or recovering from addiction _____
Youth exiting Government care _____
Veteran _____
Recent Immigrant or Refugee _____ (less than 5 years)
Racialized Group _____
Identify with diverse concepts of gender identity & expression or sexual orientation _____

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)
 _____ Length of Tenancy _____
 (City/Town/Province) (Postal Code)

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.					

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.				

MONTHLY INCOME

Provide the Gross Income (before deductions) from **ALL SOURCES** for **ALL PERSONS (over 22 years of age)** 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		
Line 15000 of your Canada Revenue (CRA) most recent Notice of Assessment (NOA).	\$ \$ List everyone over 22 years	\$ \$ of age

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: _____

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)

(Co-Applicant)

DECLARATION and Applicants Signature (s)

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.

This _____ day of _____ 20__.

Signature of applicant: _____

Signature of co-applicant: _____

The personal information collected through Wheatland Housing Management Body is for the purpose of application for subsidized housing or rental benefits. This collection is authorized by section 33(c) of the Freedom of Information and Protection Privacy Act. For questions about the collection of personal information, contact WHMB at 403-934-3937 or mail to the Social Housing Office, 95 Wheatland Trail, Strathmore, AB T1P 1A4