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 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 confident.

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 receives 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 registration as a full-time or part-time student.

IT IS VERY IMPORTANT TO NOTIFY WHEATLAND HOUSING MANAGEMENT BODY IF THERE ARE ANY CHANGES WITH YOUR
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 # _____
Gender Male____ Female_____ Prefer not to say_____

2. **Co-applicant Name**: _____
(Last Name) (First Name)
Date of Birth_____AB Health Care # _____

3. **Marital Status**: ___ Married ___ Divorced ___ Widowed ___ Separated
___ Adult Inter-Dependant Relationship ___ Single

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

4. **Citizenship:** Canadian Citizen_____, Permanent Resident of Canada_____, Refugee Sponsored by the Govt of Canada_____, Ukraine Evacuee_____, Applicant of Refugee or Immigrant Status_____, Landed Immigrant for whom Sponsorship has broken down_____, Other_____.

5. **Present Address**: _____
(P.O. Box/Apartment No./Street)
_____ Telephone _____
(City/Town/Province) (Postal Code)
Applicants Email address _____
Length of Tenancy _____

Present Landlord's Name _____
Landlord's Telephone: _____Email address_____

Previous Address: _____
Length of Tenancy_____

6. Describe present accommodation: ____Rent; or ____Own
_____House; or _____Apartment
_____Hotel/Motel _____Shelter_____Other

7. Present rent or house payment is $_____
$_____for heat $_____for power $_____ for water & sewer

8. If you own your own home, what would the value of it be? $_____

9. Rooms in your present accommodation:
____ Number of Bedrooms ___ Kitchen ___ Living Room
___ Dining Room___ Bathroom

10. Number of people sharing your accommodations: ___ Adults
___ Children

11. Does any member of your household require wheelchair accessibility? _____
Family Doctor's Name: _____
Address:_____Telephone: _____

12. If you share with other occupants the use of the kitchen, bathroom, or bedroom?
Number of Person(s) sharing the kitchen ___
Number of Person(s) sharing the bathroom ___
Number of Person(s) sharing the Bedroom ___

13. 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: _____

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

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

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 _____

15. Do you own a vehicle? ___ Yes ___ No Make _____ Year ____
License Plate _____ Estimated Value $_____

16. Do you have a pet? ___ Yes ___ No What kind? _____
Wheatland Housing Implements a No Pet Policy

17. Do you smoke? ___ Yes ___ No
All WHMB housing is non-smoking and smoking is not permitted in our housing.

18. Emergency Contact: _____Relationship:_____
Telephone**:** _____Alternate:_____

19. List 2 References (not relatives):
1._____ 2. _____

Telephone: _____ Telephone: _____

20. If applicable, Social Workers Name: _____
Telephone: _____Fax: _____

21. **EMPLOYMENT and INCOME STATEMENT**
LIST ALL JOBS OR POSITIONS HELD DURING THE PAST 12 MONTHS, BEGINNING WITH THE MOST RECENT EMPLOYER.

Applicant's Name: SIN

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

Co-applicant's Name:

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 source.

TYPE OF INCOME	**APPLICANT**	**CO-APPLICANT**
Employment Income (Salary, Wages, Tips, Commisions)		
AISH		
Alberta Senior Benefits		
Alimony/ Child support		
Child Tax Benefits		
CPP disability		
Dept of Veteran Affairs		
Emergency Benefits		
Employment Insurance Benefits		
Family Employment Tax Credits		
Foreign Income		
Guaranteed Income Supplement		
Student Grants/Allowance/Loan Attach Student Expenses		
GST Benefits		
Income Support		
Investment Income		
Old Age Security Pension,		
Canada Pension Plan (QPP)		
Other Pension or Private Pension		
Private Disability Insurance		
Refugee Resettlement Assistance		
Rental Property Income		
Self-Employment, Business, and Contractor Income		
Treaty Band Funding		
RRIF withdrawals RRSP withdrawals		
Workers' Compensation Benefits		
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

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.**

Date_____

Signature of applicant: _____

Signature of co-applicant: _____

****

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.

_____

(Applicant)

_____

(Co-Applicant)

****