



COUNTY OF STETTLER HOUSING AUTHORITY

“Seniors and Community Housing”

www.stettlerhousing.com

Social Housing – Application for Accommodation

(CONFIDENTIAL)

Please Read Instructions for Application Carefully

Complete ALL questions supplying 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.

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, Workers’ Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit. (Form letters can be obtained from the Housing Authority Office.)
- Documentation to verify all other sources of income: i.e. child support, oil royalties, etc. (NOT Family Allowance)
- A copy of your most recent pay cheque, benefit cheque, pension cheques, etc., or a stub from these for each member of your family receiving income from any source.
- A copy of your valid Alberta Health Care card. Copies of any child custody arrangements, if applicable.
- We will contact present and past landlords with regards to your rental history.

Your completed application must be signed in the presence of a Commissioner of Oaths in and for the Province of Alberta. This service is provided at our office without charge.

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.

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

If a translator was required to complete this application, please provide their name and telephone number.

(Translator’s Name)

(Translator’s Telephone Number)

Please return all applications to: Heart Haven Lodge, 6011-50th Ave. Stettler, AB T0C 2L1
Housing Administrator: Gord Lough Telephone: 403-740-9224 Fax: 403-742-9221

COUNTY OF STETTLER HOUSING AUTHORITY USE ONLY

Name: _____ Date Received: _____

APPLICATION FOR ACCOMMODATION – SOCIAL HOUSING
(CONFIDENTIAL)

Please Print

Note: Please answer **ALL** questions.

1. Applicant's Name _____
(Last) (First)

Home Telephone: _____ Business Telephone: _____

Alberta Health Care NO. _____

2. Spouse's Name _____
(Last) (First)

Alberta Health Care NO. _____

3. MARITAL STATUS: Married _____ Widowed _____ Single _____ Divorced _____

Separated _____ How long? _____ Common-law _____ How Long? _____

4. List all persons, including yourself, who will be living with you should your application be approved.

Last Name:	First Name:	Relationship to Applicant:	Birth Date Day/Month/Year	Occupation/School Grade

Is a baby expected? Yes _____ No _____

If yes, give estimated due date: _____

5. Are all members listed above Canadian Citizens? Yes _____ No _____

If no, provide copies of immigration papers for members who are not Canadian Citizens.

6. Present Address: _____

(P.O. Box/Apartment No./Street)

(Town/Village)

(Postal Code)

When did you move to your present address? _____

7. Do you own or rent your present accommodation? Own _____ Rent _____

If renting, name of present Landlord: _____

Address: _____

Telephone Number: _____

Present rent or house payment is \$ _____ per month

Utility Costs per month: Heat \$ _____ per month Lighting \$ _____ per month

Water and Sewer \$ _____ per month

8. Is your present accommodation a: House _____ Townhouse _____ Apartment _____
 Rooming House _____ Hotel or Motel _____ Other _____

9. Rooms in your present accommodation: Kitchen _____ Living Room _____
 Number of Bathrooms _____ Number of Bedrooms _____

10. Do you share any part of the accommodation with person(s) other than those listed in question #3?
 Yes _____ No _____ If yes, how many? Number of Adults _____ Number of Children _____
 What part of the accommodation is shared? _____
 If you do not pay rent, do you contribute financially? Yes _____ No _____
 If yes, please specify _____

11. Is any member of your family physically handicapped? Yes _____ No _____
 If yes, please specify _____
 Do you require a handicapped unit? Yes _____ No _____

12. Previous Residential History (beginning with most recent)

Address:	Date moved		Landlord Name & Phone #	Monthly Rent	Reason for leaving
	In	Out			

COUNTY OF STETTLER HOUSING AUTHORITY HAS A **STRICT NO PET** POLICY.

13. Reasons for wanting to move: _____
 If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.

14. STATEMENT OF INCOME

NOTE: All information regarding your family's income must be complete and accurate, provide details of current employment held in the last twelve (12) months (begin with the most recent employer).

Applicant Name: _____ Social Insurance Number: _____

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

When did your spouse last work? Month _____ Year _____

Co-Applicant Name: _____ Social Insurance Number: _____

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

Other Household Member: _____ Social Insurance Number: _____

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

Other Household Member: _____ Social Insurance Number: _____

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

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

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO		GROSS MONTHLY INCOME
A. Student Grants/Allowance				
B. Unemployment Insurance				

C. Workers' Compensation					
D. Social Assistance (Not Family Allowance)					
E. Child Support/Alimony (Voluntary or Court Award)					
F. Other Income (Tips, Interest, Royalties, Etc)					
G. Pensions: 1. Canada Pension (Retirement, Widow & Orphan Benefits)					
SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO		GROSS MONTHLY INCOME	
G. Pensions: 2. Old age security					
G. Pensions: 3. Department of Veteran Affairs					
G. Pensions: 4. Guaranteed Income Supplement					
G. Pensions: 5. Alberta Income Supplement					
G. Pensions: 6. Company or Group Pension					
H. Income From Self Employment:					

Details of self-employment must be outlined by the submission of a financial statement subject to review by the Housing Authority.

15. ASSETS

Cash on Hand \$ _____ Bank Account \$ _____
 Stocks, Bonds, Mutual Funds, etc. \$ _____
 Real Estate \$ _____ Mortgage(s) \$ _____ Other Assets \$ _____

NOTE: Essential personal and household effects such as clothes, furniture, vehicles, etc. are not included in assets.

16. DRIVER'S LICENCE NUMBER _____

Car – Year/Make/Model: _____

Car – Color/Licence No: _____

I understand that this application does not constitute an agreement on the part of the COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, in writing, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise the COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Witness

Applicant

Witness

Applicant

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

IN THE MATTER OF THIS APPLICATION FOR DWELLING
ACCOMMODATION IN THE HOUSING PROJECT.

I/we _____, of the _____

of _____, in the Province of Alberta, do solemnly declare as follows:

1. That I/we am/are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in the district for _____ years;

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 me
at the _____ of
in the Province of Alberta,
this _____ day of _____, 20____

) _____
Signature of Applicant

) _____
Signature of Applicant

A Commissioner of Oaths in the Province of Alberta

Printed Name of Commissioner for Oaths

My appointment expires on _____
Day/Month/Year