

APPLICATION FOR ACCOMMODATION – AFFORDABLE HOUSING  
(CONFIDENTIAL)

PLEASE READ CAREFULLY  
INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions supplying 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. You must be employed to qualify for this type of housing.

Prior to approving this application, you will be required to provide the following:

**a copy of the previous tax year's Notice of Assessment that shows line 15000 and a copy of the Income Tax Return, for each adult/working member in your household**

also provide the following if the previous information is not an accurate reflection of your current income:

- A signed letter from the employer of EACH working member in your household 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 household is receiving Unemployment Insurance, Workers' 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, etc.
- A copy of your most recent pay cheque, benefit cheque, pension cheque, etc., or a stub from these for each member of your household receiving income from any source.

If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for applicant, co-applicant/spouse and all household members twenty-two years of age or older.

A valid copy of the Alberta Health Care card for each household member.

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 6 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

\_\_\_\_\_  
Telephone Number

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HOUSING AUTHORITY USE ONLY

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

Date Received: \_\_\_\_\_

APPLICATION FOR ACCOMMODATION – AFFORDABLE HOUSING  
(CONFIDENTIAL)

PLEASE PRINT

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: \_\_\_\_\_  
(Last) (First)  
Home/Cell Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Alberta Health Care No. \_\_\_\_\_  
Email address: \_\_\_\_\_

2. Co-applicant or Spouse's Name: \_\_\_\_\_  
(Last) (First)  
Alberta Health Care No. \_\_\_\_\_

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

4. List all persons, **including yourself**, who will be living in this unit if your application is approved.

Last Name	First Name	Relationship to applicant	Birth Date Day / Mo / Year	Occupation / School Grade

Is a baby expected? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, give estimated due date: \_\_\_\_\_

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

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

6. Mailing Address: \_\_\_\_\_  
(PO Box) (Town) (Province) (Postal Code)

7. Current Physical Address: \_\_\_\_\_  
(House / Apartment No.) (Street)  
\_\_\_\_\_  
(Town) (Province) (Postal Code)

8. Do you own or rent your current accommodation? Own \_\_\_\_ Rent \_\_\_\_  
Current rent or house payment is \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for heat,  
\$ \_\_\_\_\_ for light, and \$ \_\_\_\_\_ for water and sewer.

9. If renting, name of current landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_

10. Is your current accommodation a: House \_\_\_\_ Townhouse \_\_\_\_ Apartment \_\_\_\_  
Rooming House \_\_\_\_ Hotel or Motel \_\_\_\_ Other \_\_\_\_\_

11. Rooms in your current accommodation: Kitchen \_\_\_\_ Living Room \_\_\_\_  
Number of Bathrooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Dining Room \_\_\_\_

12. Do you share any part of the accommodation with person(s) other than those listed in question #4?  
No \_\_\_\_ Yes \_\_\_\_ If yes, how many other persons? Number of Adults \_\_\_\_  
Number of Children \_\_\_\_ What part of the accommodation is shared?  
\_\_\_\_\_

12. If you do not pay rent, do you contribute financially? No \_\_\_\_ Yes \_\_\_\_  
If yes, specify \_\_\_\_\_

13. Is any member of your household physically handicapped? No \_\_\_\_ Yes \_\_\_\_  
If yes, specify \_\_\_\_\_  
Do you require a handicapped unit? No \_\_\_\_ Yes \_\_\_\_

14. Do you have a pet? No \_\_\_\_ Yes \_\_\_\_  
If yes; we have a **NO Pet policy**, so you **cannot** bring it with you to a Boreal Housing unit.

15. 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.

16. Statement of Income

**NOTE: all information regarding your household'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 Ins. No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	

When did your spouse last work? Month \_\_\_\_\_ Year \_\_\_\_\_

Co-Applicant or Spouse: \_\_\_\_\_ Social Ins. No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	
		Monthly Hourly	

Other Household Member: \_\_\_\_\_ Social Ins. No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company Name and Address	Employed From / To	Rate of Pay (Gross)	Hours Per Week
		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 Household Member on receipt	Date From / To	Gross Monthly Income
A. Student Grants / Allowance			
B. Unemployment Insurance			
C. Workers' Compensation			
D. Social Assistance (Don't include Child Credit Benefit)			
E. Child support / Alimony (Voluntary or Court Award)			
F. Other Income (Tips, Interest, Royalties, Etc.)			
G. Pensions:			
1. Department of Veteran Affairs			
2. Old Age Security			
3. Canada Pension (includes Retirement, Widow & Orphan Benefits)			
4. Guaranteed Income Supplement			
5. Alberta Income Supplement			
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.**

17. Assets

Cash on Hand \$ \_\_\_\_\_ Cash in Bank Account \$ \_\_\_\_\_

Stocks, Bonds, Mutual Funds, etc. \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_

Mortgage(s) \$ \_\_\_\_\_ Other Assets \$ \_\_\_\_\_

Vehicles including but not limited to (Cars, Trucks, RVs, ATVs, Snowmobiles, and Boats)

Vehicle No. 1

Year/Make/ Model \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Vehicle Colour/License Plate No.: \_\_\_\_\_ / \_\_\_\_\_

Do you own the vehicle or lease it? \_\_\_\_\_ own \_\_\_\_\_ Lease

Vehicle No. 2

Year/Make/ Model \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Vehicle Colour/License Plate No.: \_\_\_\_\_ / \_\_\_\_\_

Do you own the vehicle or lease it? \_\_\_\_\_ own \_\_\_\_\_ Lease

Vehicle No. 3

Year/Make/ Model \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Vehicle Colour/License Plate No.: \_\_\_\_\_ / \_\_\_\_\_

Do you own the vehicle or lease it? \_\_\_\_\_ own \_\_\_\_\_ Lease

Vehicle No. 4

Year/Make/ Model \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Vehicle Colour/License Plate No.: \_\_\_\_\_ / \_\_\_\_\_

Do you own the vehicle or lease it? \_\_\_\_\_ own \_\_\_\_\_ Lease

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

18. Driver's License Number: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

19. Describe your current accommodation and add any information you would like the Tenant Selection Committee to be aware of. This space is provided for you to explain your reasons for applying for Affordable Housing and will assist us in the approval of your application.

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**The personal information in this form is being collected by Boreal Housing Foundation under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact the Housing Manager at 780-247-0757.**

I understand that this application does not constitute an agreement on the part of Boreal Housing Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Boreal Housing Foundation, or it’s 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 Boreal Housing Foundation, or agents, 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 Boreal Housing Foundation, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

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

\_\_\_\_\_  
Signature: co-applicant

\_\_\_\_\_  
Print: witness

\_\_\_\_\_  
Print: witness

\_\_\_\_\_  
Signature: witness

\_\_\_\_\_  
Signature: witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Boreal Housing Foundation**  
**Box 865, High Level, AB T0H 1Z0**  
**High Level Phone (780) 926-4118 Fax (780) 926-4118**  
**Fort Vermilion Phone (780) 927-3783 Fax (780) 927-3785**  
**La Crete Phone (780) 928-4348 Fax (780) 928-4348**

## Waiver of Information

Date : \_\_\_\_\_

RE: \_\_\_\_\_

S.I.N. \_\_\_\_\_

To whom it may concern:

Boreal Housing Foundation may from time to time request information regarding the above-mentioned client(s). Any information obtained is solely used to confirm their eligibility for tenancy and/or continuing tenancy and will remain confidential.

\_\_\_\_\_  
Boreal Housing Foundation Agent

By signing this document, I/We understand that only pertinent information pertaining to my/our tenancy or application process may from time to time be discussed with any or all the agencies listed below. All information received will be kept confidential and will be used solely for the purpose of determining my/our eligibility and continuing eligibility for housing.

I/We, \_\_\_\_\_ and \_\_\_\_\_, the undersigned hereby authorize your agency to release or obtain information to or from Boreal Housing Foundation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: co-applicant

\_\_\_\_\_  
Date

- Previous or current landlord
- Previous or current employer
- Financial Institute
- Northwest Child and Family Services
- Employment, Immigration and Industries
- RCMP
- North Peace Tribal – Child and Family Services
- ADDAC
- Other \_\_\_\_\_