



Application for Accommodation

(Family and Social Housing, Affordable and Subsidy)

In order for an application to be considered **complete**, it must include all of the following:

- All Applicant/co-applicants - 3 months Income Verification and 3 months of bank statements.
- All Dependants 25 years and older - 3 months Income Verification and 3 months of bank statements.
- All Applicant/co-applicants - Notice of Assessment, T-1 Summary and T4's for the most recent year.
- All Dependants 25 years and older – Notice of Assessment, T-1 Summary and T4's for the most recent year.
- A written reference from your most recent landlord must be provided. If you have not had a landlord because were a homeowner, please provide proof of ownership and two other references must be provided that we may contact. Relatives will NOT be considered. You must have known the provided references for at least one year. You may use co-workers, employers (past and present), social assistance workers, teachers, etc..
- Copy of Alberta issued Photo Identification cards for all adults applying
- Proof of parentage documents that demonstrates the child-parent legal relationship for any children listed on the application. This could include:
 - A detailed birth certificate that indicates the name of the parents
 - A court-issued adoption order indicating the name of the adoptive parents
 - Legally binding documents indicating the custody of the child/children
- For any information provided by the applicant/ health claims/maintenance support all backup documents must be provided. For example, a doctor's note if you claim chronic illnesses.

We ask that you contact our office once every three months to let us know if you are still interested in being on our waiting list and to let us know if there have been any significant changes in your circumstances such as employment. Please note that if you do not call in, your application will be removed from the waitlist.

Completion of this Application for Accommodations **DOES NOT** constitute an agreement on the part of the Lesser Slave Lake Regional Housing Authority to provide you with rental accommodations.

All questions asked in this application help the Lesser Slave Lake Regional Housing Authority to determine:

1. If you are eligible for one of our housing programs.
2. The priority of need for housing in your family unit.

For the Family Housing and Affordable Housing programs your application will be point scored using a formula set out by legislature. Aspects that are considered include but are not limited to your employment status, number of dependents and your housing circumstances at the present time. If you are requiring subsidy, you must meet specific guidelines set out by Municipal Affairs.



ALL QUESTIONS MUST BE COMPLETED IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PUT ONTO WAITING LISTS.

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND ALL CO-APPLICANT(S)

****IMPORTANT**

1. We are NOT emergency housing.
2. We CANNOT guarantee placement by a certain date.

Family Housing Program

For the Family Housing and Affordable Housing programs, once your application is scored, it will be ranked and placed on our current 'waiting list.' The applicant who has the highest score will be offered the next available unit of appropriate size for that household. Should you turn down a unit because of a location or personal preference, your application will be closed immediately, and you will not be able to reapply for a period of one year.

To qualify for the Family Housing Program, you must be living within the Slave Lake region for a minimum of three months with proof of address. The Lesser Slave Lake Regional Housing Authority has adopted a policy that in order to qualify for the Family Housing Program you must be employed in the surrounding area for at least one month from date of application, or have proof of Social Assistance, or AISH, or if you receive monies funded from other Government Programs. If you are moving to Slave Lake to attend school you must have a letter of confirmation from that attending school. If you have household debts over \$5,000.00, or have a past history of bad tenancy you may be considered a high risk tenant. This may include unsuitable reference checks. We require you to provide us with (1) reference from a prior landlord, (1) reference from a friend of more than six months, (1) reference from a recent employer, or Social Assistance reference. We as an organization do not have to accept your application if we feel that you have not met our policy expectations.

We will contact you when we have a suitable unit available for you.

1. Applicant's Name: _____
Date of Birth: _____ **Social Insurance No.** _____
Co-Applicant's Name: _____
Date of Birth: _____ **Social Insurance No.** _____

2. Current Mailing Address: _____
Home Telephone No.: _____
Work Telephone No.: _____
Messages Telephone No.: _____
E-mail Address _____

3. Marital Status: Married _____ Separated _____
Common-Law _____ Divorced _____
Single _____
If Common-Law or Separated, state how long - _____

4. Members of Household - list all persons who will be residing with you

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	STUDENT / TRADE / OCCUPATION	AGE

5. Is a baby expected?
NO Due date? _____
YES

6. Are all members of household (listed above) Canadian Citizens?
NO
YES

7. Have you or the co-applicant previously applied to live in subsidized social housing?
NO Under which name? _____
YES When? _____ Where? _____

8. Have you or the co-applicant previously lived in subsidized social housing?
NO
YES When? _____ Where? _____

9 Are you physically capable of maintaining your own home and yard?
If not, please explain.

10 Do you own or have access to any of the following?

Lawn Mower _____ Hand Tools _____
Grass Trimmer _____ Garden Hose _____

11 Do you or a member of your family require accommodations for special needs?
Example: wheelchair accessibility, no stairs, etc.. If yes, please explain.

12 Please provide name and contact information for NEXT OF KIN in case of emergency.

Name _____ Relationship _____
Mailing Address _____
Phone Number _____ Cell Number _____

13 Present accommodations?

a.	OWN		Civic Address:
	RENT		Civic Address:
	ROOM & BOARD		Civic Address:
	HOTEL/MOTEL		Explain:
	OTHER		Explain:

b. Provide the name, mailing address, and phone number of present landlord if you rent or room & board.

How long have you resided at your present address? _____

c. What is your present monthly rent or house payment? _____

d. Describe your present accommodations.

HOUSE	<input type="text"/>	Number of Bedrooms: 1 2 3 4 5
DUPLEX	<input type="text"/>	Number of Bathrooms: 1 2 3
APARTMENT	<input type="text"/>	
TRAILER	<input type="text"/>	Kitchen <input type="text"/> Living Room <input type="text"/> Dining Room <input type="text"/>
OTHER	<input type="text"/>	

e. Utilities - what is the average amount paid each month for:

Heat: _____
Water & Sewer: _____
Electricity: _____
Comments: _____

f. Do you share any part of your present accommodation with person(s) other than those listed in question #4?

NO	<input type="text"/>		
YES	<input type="text"/>	# of adults	# of children

What part of the accommodation is shared? _____

g. If you do not pay rent, do you contribute financially?

NO	<input type="text"/>	
YES	<input type="text"/>	specify -

15 Do you have a pet?

NO	<input type="text"/>	
YES	<input type="text"/>	describe -

16 Statement of Income

All information regarding your family's income must be complete and accurate. Provide details of your employment during the past 12 months. If you have had more than one employer please provide that information as well (begin with your most recent employer).

Applicant Name:

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

Co-Applicant Name:

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

Other Member of Household Name:

Company Name & Address	Employed		Rate of Pay		Gross Monthly Total
	From	To	Hr/rate	Hrs/wk	

Provide details of any other source(s) of income received in the past twelve months.

Source of Income	Name of household member in receipt	Date - From / To	Gross Monthly Income
SOCIAL ASSISTANCE			
STUDENT FINANCE			
UNEMPLOYMENT INSURANCE			
FAMILY ALLOWANCE			
CHILD SUPPORT / ALIMONY/			
PENSION(S)			
SELF - EMPLOYMENT** **See below**			
OTHER (Interest Royalties, Foster Care Tips, Commissions, WCB)			

****Details of self employment must be outlined by the submission of a financial statement and will be subject to review by Lesser Slave Lake Regional Housing Authority.****

17 Assets

a. Does any household member have ownership interest in a business or real estate property?

NO
 YES

Explain: _____

Provide address of business/property: _____

Provide percentage of business/property: _____

Net worth of business/property: _____

b. List ALL chequing and savings accounts for every member of the household.

(Should more room be needed, please attached a separate page.)

1. Name of person holding account: _____

Name of Bank and address: _____

Present balance: _____

Interest received in last 12 months: _____

2. Name of person holding account: _____

Name of Bank and address: _____

Present balance: _____

Interest received in last 12 months: _____

3. Name of person holding account: _____

Name of Bank and address: _____

Present balance: _____

Interest received in last 12 months: _____

c. Provide the estimated value of household belongings (furniture, audio/visual equipment, appliances, etc.).

d. Provide the information below if you have other assets (stocks, bonds, debenture, trusts, etc.)

	Type of Asset	Amount	Source	Interest Received
1.				
2.				

Other cash: _____

Explain: _____

e. Provide the information below on ALL vehicles owned or leased.

Make & Model	Year	License Plate #	Monthly Loan / Lease Amount	Outstanding Loan Lease Amount

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Please provide the names and information references of three people that you have known for at least one year that we may contact as a reference. **NO RELATIVES.** (You may use co-workers, employers, social assistance worker, teachers, etc.) You must also provide the name, contact info and a written reference from your most recent landlord.

Name: _____
Address: _____
Phone: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____

Landlord Name: _____
Address: _____
Phone: _____
Relationship: _____

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a. Why do you wish to move from your current accommodation?

b. If you have been served with a Notice to Vacate (Eviction Notice), please furnish a copy. Why was this notice issued?

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Please indicate other relevant information that you wish to provide, such as the condition of your present accommodation or special family circumstances.

This information is collected pursuant to the provisions of the Housing Act and its regulations, and pursuant to section 32(c) of FOIPP Act.

For more information contact Lesser Slave Lake Regional Housing Authority, Box 1429, Slave Lake, AB, T0G 2A0, (780)849-450

Many employers or agencies who furnish assistance and/or benefits (Alberta Family and Social Services, Employment Insurance, etc.) will not release information without written consent from the employee or recipient. We therefore, request the following be signed by all persons who are 15 years of age or older.

I/We authorize:

*Lesser Slave Lake Regional Housing Authority, or its designate, to verify all information provided relating to this Application of Accommodation and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureau, financial institutions, federal, provincial, or municipal government departments, offices, agencies, boards or landlords.

*Lesser Slave Lake Regional Housing Authority, or its designate, to release and exchange any information and documents including personal information by and between *Lesser Slave Lake Regional Housing Authority, and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus, financial institutions or past or current employers

* the parties/agencies noted in the previous paragraph to release the same such information to LSLRHA

*Lesser Slave Lake Regional Housing Authority to obtain information from any person or agency for the purpose of audit or verification of our/my family income or circumstances.

APPLICANT:

Printed Name

Social Insurance Number

Signature

Date

CO-APPLICANT:

Printed Name

Social Insurance Number

Signature

Date

OTHER:

Printed Name

Social Insurance Number

Signature

Date

OTHER:

Printed Name

Social Insurance Number

Signature

Date



*** PLEASE RETURN THIS FORM TO:**

P.O. Box 1429 Slave Lake, AB T0G 2A0

INCOME VERIFICATION FORM

NAME
SOCIAL INSURANCE NUMBER
ADDRESS
POSTAL CODE
TELEPHONE NUMBER

Lesser Slave Lake Regional Housing Authority requires verification of my income. Would you please provide this information by completing the applicable section of this form. The information that you provide will be kept confidential. Your early attention to this request will be appreciated.

Signature _____

Date _____

**** PLEASE COMPLETE APPLICABLE SECTION ****

SECTION A: EMPLOYMENT INCOME VERIFICATION

Is this employee currently employed by your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months employed within the last 12 months _____
Employee's present position _____	From _____
Nature of employment a) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract b) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	To _____
Employee's wages, a) Hourly rate of pay \$ b) Number of hours worked per week	

I certify that the information given in this declaration is to the best of my knowledge, true, correct and complete.

Signature of Employer _____

Name of Company (please print) _____

Name and Position (please print) _____

Phone Number _____

Date _____

SECTION B: SOCIAL / AISH ALLOWANCE INFORMATION VERIFICATION

Number of Dependants _____

Monthly Amount of Assistance: \$ _____

Length of time the client has been receiving Social Allowance: _____

I certify the information provided is true and correct.

Date: _____

Agency Representative (Print Name) _____

Name of Agency _____