



**Taber & District
HOUSING FOUNDATION**

*Provides individuals, families and seniors with affordable
and caring accommodation.*

T-30

- ☐ Community Housing
- ☐ Direct Rent Supplement

Application for COMMUNITY HOUSING **INSTRUCTIONS FOR COMPLETING APPLICATION**

Please Read Carefully

Complete ALL questions and supply ALL of the requested information. If a question does not apply to your situation, mark N/A in the section.

YOU ARE REQUESTED TO PROVIDE THE FOLLOWING:

1. A signed letter from the employer of **EACH** working member of your household stating the rate of pay, number of hours worked each week, total earnings and commencement date of current employment.
2. Documentation to verify all other sources of income (other than Family Allowance) i.e. Child Support, Employment Insurance, Worker's Compensation, Social Assistance (copy of Health Benefits card/renewal notice), GST, Child Tax Credit, Universal Child Care Benefit, Lump sum payments, family employment tax credit, inheritance, alimony
3. A copy or stub of most recent pay cheque, benefit cheque, pension cheque etc. for **each member of your household receiving income from any source**. Cheque stubs must provide complete information; company name, name of recipient, gross income amount and the dates that the income covers.
4. If you are a student, a letter from your school verifying registration as a full-time or part-time student. This is required for household head, spouse and all dependents over the age of fifteen years. Grant and Loan papers are required.
5. A copy of your current Income Tax Return and/or Notice of Assessment.
6. If applying for the Direct Rent Supplement Program a copy of your signed Lease agreement or a signed letter from your landlord stating the amount of rent paid, address of the rental unit and who is authorized to live in the unit. We also require a signed copy of the most recent paid rent receipt and a signed copy of the damaged deposit receipt.

Your completed application must be signed and witnessed.

Taber & District Housing Foundation provides the Commissioner for Oaths service free of charge.

Please call 223-2767 Ext 4 to set up an appointment for an interview when your application is completed. All income information must be included or your application will not be processed. If your application is selected, a placement officer will notify you immediately.

Interview Date:

Interviewer:

UPDATES are required if there are changes with:

- ◆ Your source of income
- ◆ Family size
- ◆ Address, phone number etc.

IF TABER & DISTRICT HOUSING FOUNDATION HAS NOT CONTACTED YOU WITHIN 90 DAYS FOLLOWING YOUR INTERVIEW YOU MUST:

Renew your application in person. Set up an appointment with the Placement officer by calling 403-223-2767 Ext 4.

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED, ALL PROOF OF INCOME IS PROVIDED, AND VALID PICTURE IDENTIFICATION IS RECEIVED.



Documents required when applying for family housing

- ☐ Identification- Government issued photo ID
- ☐ Reference information- Previous landlord, not friend or family member
- ☐ Health Benefits Card from Alberta Works- renewal notice, verification of coverage
- ☐ Copy of most recent tax years Notice of Assessment
- ☐ Verification of receiving AISH- include most recent month pay slip with total
- ☐ Last two months pay stubs or letter from employer
- ☐ Copy of GST amount
- ☐ Canada Child Benefit, proof of amount
- ☐ Alberta Family Employment Tax Benefit, proof of amount
- ☐ Alberta Climate Leadership adjustment rebate, proof of amount
- ☐ Child Support documents- court order or statutory declaration
- ☐ Employment Insurance (EI)- schedule of payments
- ☐ Workers compensation documents
- ☐ Alimony payment amount
- ☐ Students- proof of grants and/or loans
- ☐ Proof of Canadian citizenship or permanent residency card
- ☐ Children over 15 must prove student status and income if employed
- ☐ One full month bank statement showing all transactions
- ☐ Record of Employment from all employers in the past year

Additional documents required when applying for Direct Rent Supplement

- ☐ Most current month rent receipt
- ☐ Security Deposit receipt
- ☐ Signed lease agreement

PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION

PLEASE READ CAREFULLY

I/We understand that this application does not constitute an agreement on the part of Taber & District Housing Foundation, to provide me / us with rental accommodation.

I/We further acknowledge the right of Taber & District Housing Foundation, 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 damages, or otherwise, any acceptance or approval of this application previously made or given.

I/We hereby authorize Taber & District Housing Foundation to make any inquiries you deem necessary to verify the facts contained herein by any method that Taber & District Housing Foundation 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 Taber & District Housing Foundation, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL

(Witness)

(Applicant)

(Witness)

(Applicant)

Taber & District Housing Foundation provides the Commissioner for Oaths service free of charge, during the interview.
"Picture Identification Required"

Dominion of Canada)	In the matter of this application for dwelling
Province of Alberta)	accommodation in the Housing Project.

I/We _____ of the Town 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. I/We have resided in the Province of Alberta for _____ years of my/our life, and in the district for _____ years.

And I/We made this solemn declare 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) _____
Signature of Applicant

At the _____ of _____)
in the Province of Alberta)
This _____ day of _____, 20____)
Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

In order to properly assess your application it is important that you answer all questions.

Please Print Carefully

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

Present Address PO Box _____
Street Address: _____ (Must supply)
City, Town or Village: _____
Postal Code _____ Telephone Number: _____

Date of Birth: _____

Social Insurance Number: (Direct Rent Supplement only) _____ - _____ - _____

2. **Co -Applicant's Name:** _____
(Last Name) (First Name)

Present Address PO Box or Street Address: _____
City, Town or Village: _____
Postal Code _____ Telephone Number: _____

Date of Birth: _____

3. Are you a Canadian Citizen? **Yes** **No**

Are you a Landed Immigrant? **Yes** **No** (if yes, Landed Immigrant papers must be provided)

If a translator is required, please provide their name and telephone number:

Translator's Name Translator's Telephone Number

4. Marital Status: Married ☐ Divorced ☐ Widowed ☐ Single ☐
Adult Interdependent Relationship ☐ Separated ☐

If separated, divorced, Adult Interdependent Relationship, state length of time: _____

5. Name of Persons to contact in case of emergency (if none available, please list closest friend):

1. Name: _____ Relationship: _____

Address: _____ Telephone: _____

2. Name: _____ Relationship: _____

Address: _____ Telephone: _____

6. Do you presently have a pet? **Yes / No** What kind? _____

MOST ANIMALS ARE NOT PERMITTED

7. Present Landlord's Name/Address/Telephone #: _____
(Name)

(Address) (Phone #)

8. Have you ever received subsidized housing in the past? Circle one: YES or NO

If yes, When and where? _____

9. DESCRIBE PRESENT ACCOMODATION: (Circle One) Rent or Own

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat,

\$ _____ for lights and \$ _____ for water and sewer.

Is your present Accommodation a: House ☐ Townhouse ☐ Apartment ☐ Rooming House ☐ Hotel or Motel ☐
Other _____

Total # of Bedrooms: _____ # of Bathrooms: _____

Is the dwelling shared with another family? _____

Is / or has your current housing had Bed Bugs? ☐ Yes ☐ No

10. Is there any medical condition that could affect your housing needs that we should know about? (For example, is wheelchair accommodation a requirement?)

If yes, who? _____

In what way? _____

11. Reason for wanting to move? _____

12. Have you been given a "NOTICE TO VACATE"? Yes No (If Yes, submit copy of the notice & state the reasons)

13. Rental References (not relative):

1. _____

2. _____

Telephone: _____

Telephone: _____

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

Head of Household – Name: _____

Name & Address of Employer(s)	Employment Dates	Hrs/Wk	Rate of Pay
1.			
2.			
3.			

Spouse/Co-Applicant – Name: _____

Name & Address of Employer(s)	Employment Dates	Hrs/Wk	Rate of Pay
1.			
2.			
3.			

Other Household Members – Name/s: _____

Name & Address of Employer(s)	Employment Dates	Hrs/Wk	Rate of Pay
1.			
2.			
3.			

FINANCIAL INFORMATION

ASSETS

Cash on Hand: \$ _____ Cash in Bank Account: \$ _____

Interest on Bank Account: \$ _____ Investments (Term Dep./Mutual Funds/ GIC's): \$ _____

Stocks/Bonds \$ _____ Real Estate (i.e., residence, land) \$ _____

Other (i.e.: Recreational vehicles) \$ _____

Do you own a vehicle? (Circle one) **YES** or **NO** Make/Year/Color _____

License Plate# _____ Driver's License # _____ Estimated Value \$ _____

DEBTS: (list creditors, amounts owing & arrears, if any, including rent & utilities)

Name of Creditor	Amount Presently Owing	Amount in Arrears
1.		
2.		
3.		

Provide the Gross Monthly Income (before deductions) from ALL SOURCES for ALL PERSONS listed on this application. This includes all income received from any type of pension, employment, bank savings, bonds, rental property, business investments, student loans 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		
Disability Allowance		
Employment Insurance		
Worker's Compensation		
Student Grants/Allowance/Loan		
Self-Employment Income		
A.I.S.H. (Assured income for Severely Handicapped)		
Social Assistance Allowance (Don't include Family Allowance)		
Other (Please Specify)		

DETAILS OF SELF-EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT, SUBJECT TO REVIEW BY TABER & DISTRICT HOUSING.

If applicable, SOCIAL WORKER'S NAME: _____

TELEPHONE: _____ FAX: _____

This confidential information is being collected under the authority of the Alberta Housing Act and in accordance with Alberta's Freedom of Information and Protection for Privacy Act to determine and verify eligibility of applicants for Social Housing with Taber and District Housing. For further information, please contact Taber and District Housing at 223-2767.

FAMILY COMPOSITION FORM

Date: _____ Family Last Name: _____

Address: _____ City: _____ P/C: _____

Home Phone # _____ Business Phone # _____

Marital Status: Married () Widowed () Separated () Divorced () Single ()

List <u>ALL MEMBERS</u> of your family including yourself and any others living at the above address	Relationship Ie: Self, wife, son, daughter etc.	Date of Birth Day/Month/Year	Current AGE	Employment: Where? and/or School: Where, graduation date	TOTAL GROSS MONTHLY INCOME ALSO: COMPLETE BOX INFO BELOW

Monthly Gross Income Breakdown:

Working Income _____

EI _____

Interest Income _____

Pensions: CPP _____ OAS _____ ASB _____

AISH _____

Disability _____

Grant _____

Other _____

Social Assistance _____

Loan _____

Support _____

Specify _____



AUTHORIZATION TO OBTAIN INFORMATION AND CONSENT TO DISCLOSE INFORMATION

ELIGIBILITY FOR SOCIAL HOUSING ACCOMMODATION AND THE CALCULATION OF RENT THROUGHOUT THE TENANCY IS BASED UPON INFORMATION PROVIDED BY TENANTS AND OTHER MEMBERS OF THE TENANT'S HOUSEHOLD ON THE APPLICATION AND UPON UP-TO-DATE INFORMATION WHICH IS TO BE PROVIDED BY THE TENANT AND MEMBERS OF THE TENANT'S HOUSEHOLD FROM TIME TO TIME DURING THE PERIOD OF THE TENANCY. THE INFORMATION REFERRED TO IN THIS AUTHORIZATION MAY BE REQUESTED OR DISCLOSED FOR THE PURPOSE OF ASSISTING TABER & DISTRICT HOUSING FOUNDATION IN VERIFYING HOUSEHOLD AND INCOME INFORMATION CONTAINED IN AN APPLICATION FOR SOCIAL HOUSING ACCOMMODATION, ASSESSING AND CERTIFYING INITIAL AND ON-GOING ELIGIBILITY FOR SOCIAL HOUSING CIRCUMSTANCES IN ORDER TO CALCULATE OR RECALCULATE RENT PAYABLE FOR SOCIAL HOUSING ACCOMMODATION PURSUANT TO THE SOCIAL HOUSING ACCOMMODATION REGULATIONS UNDER THE ALBERTA HOUSING ACT.

Many employers or agencies who furnish assistance and/or benefits (Alberta Family and Social Services, Employment Insurance etc.) or others with whom you might deal, will not release information without the written consent from the employee, the recipient or a person with whom they deal. We, therefore, request the following be signed by all persons listed on your Family Composition Form list who are 15 years of age or older.

I/We do hereby authorize for any one or more of the above stated purposes:

1. The Taber & District Housing Foundation or its designate to verify all information provided to TDH relating to this application for housing and any future information provided to TDH throughout the entire tenancy period. Such information may be verified by TDH or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal; provincial or municipal government departments, offices agencies and boards, previous landlords, schools or educational institutions, and others from whom I receive income or benefits.
2. The Taber and District Housing Foundation or its designate to disclose any information (including personal information) and to provide copies of documents in the possession of Taber & District Housing Foundation to all federal, provincial and municipal government departments, offices, agencies or boards, interpreters, credit bureaus, financial institutions, past or future employers, schools or educational institutions and others from whom I receive income or benefits.

3. All past, current and future employers to others from whom I receive income or benefits, credit bureaus, financial institutions, federal, provincial and municipal government departments, offices, agencies and boards, schools and educational institutions to release such information concerning myself, as may be requested by TDH (including personal information) to TDH.
4. All past and current landlords to provide TDH such information as may be requested by TDH concerning my tenancy with such landlords (including personal information) including the period of tenancy, the rent payable, the payment history of rent by myself, the manner in which I kept the interior and exterior of the property rented, whether there are any complaints to the landlord concerning myself as a tenant and particulars of any such complaints, and where there are any breaches of the tenancy agreement with the landlord and particulars of any such breaches.
5. The TDH to collect information from any employer, any person from whom I receive income or benefits, or any other person or agency for the purpose of audit or verification of our/my family income or financial circumstances or my/our eligibility for social housing, and for such purpose I expressly authorize TDH to disclose my Social Insurance Number to any such employer or person or agency.

APPLICANT: _____

Print Name _____ Date _____ Witness _____

Signature _____



5318 – 48 Ave.
Taber AB, T1G 1S2
Phone: (403) 223-2767
Fax: (403) 223-2189

Applicant Name: _____

Sir/Madam:

The above named person has applied for a dwelling unit, which is under the management of Taber & District Housing Foundation. In accordance with the requirements for public housing, the income of all families must be verified.

As the applicant has authorized the securing of the information and has furnished your name as an employer reference, it would be appreciated if you would supply the information indicated below.

Thank you for your courtesy and co-operation in this matter.

Sincerely,

Taber and District Housing Foundation

TO BE COMPLETED BY EMPLOYER

1. Present Gross Monthly Income _____
Or Hourly Rate of Pay _____
Number of hours worked per week _____
2. Date started employment _____
3. Amount of Training Grant (weekly) _____
4. Tips (average monthly amount) _____
5. Commission (average monthly amount) _____

Employer's Signature

Representing _____
Company or Department

Telephone: _____ Date: _____