

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

***Application for SENIOR SELF-CONTAINED APARTMENT***  
**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. Enclose a copy of your most recent Income Tax Return and the corresponding Notice of Assessment from Revenue Canada.
2. Verification of Assets (Real Estate Property, Vehicles, Cash and Investments)
3. A signed letter from the employer of each working member in your household stating the rate of pay, number of worked hours each week, total earnings, and commencement date of current Employment.
4. If receiving Assistance, AISH or Social Assistance, Most recent assistance payment stub.

**Your completed application must be signed and witnessed.**

Please call 223-2767 Ext 4 to set up an appointment for an interview when your application is completed.  
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 by setting up an appointment with our Placement Officer at 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.**

**PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION**



### Documents required when applying for Senior Housing

- Government Issued Photo Identification
- Notice of Assessment from the most recent year tax return
- Old Age Security amount (OAS) – bank statement or letter from government
- Alberta Senior Benefit Amount (ASB) – bank statement or letter
- Canada Pension Plan amount (CPP) – bank statement or letter
- Guaranteed Income Supplement amount (GIS) – bank statement or letter
- Company Pension amount
- Tax free savings account, checking, and savings account balances
- Property tax assessment for real estate
- AISH monthly statement
- Alberta works/ Social Assistance monthly statement
- Alberta Climate Leadership adjustment rebate amount
- GST amount
- Capital Gains amount from tax return
- RRSP income (T4RSP) on tax return

All documents that pertain to your situation are required at the time of application. Your application cannot be processed without this documentation.

**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 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 )  
At the \_\_\_\_\_ of \_\_\_\_\_ )  
in the Province of Alberta )  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ )

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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 Clearly**

Type of accommodation applying for:

- Bachelor Suite
- One (1) Bedroom Suite
- Two (2) Bedroom Suite
- Wheelchair Accessible

**Facility Preference: First Choice** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

1. 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: \_\_\_\_\_

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? \_\_\_\_\_ Are you a Landed Immigrant? \_\_\_\_\_  
(if yes, Landed Immigrant papers must be provided)

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

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. If renting 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 \_\_\_\_\_

Number of Person(s) sharing your present accommodation \_\_\_\_\_ Adults \_\_\_\_\_ Children

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

10. Family Doctor's Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

11. 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? \_\_\_\_\_

12. Reason for wanting to move?  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you been given a "NOTICE TO VACATE" ? \_\_\_\_\_ **Please submit copy of the notice and state the reason why)**  
\_\_\_\_\_

14. **References** (not relative): (If Applicant is personally known by Placement Officer

P.O. Signature:  
\_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**FINANCIAL INFORMATION**

**MONTHLY INCOME**

All incomes must be verified upon acceptance as a tenant.

\$ \_\_\_\_\_

**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
Old Age Security		
CPP		
Alberta Seniors Benefit		
Veteran's Pension		
Social Assistant **** or AISH		
WCB		
Employment Insurance Benefits		
Employment Income		
Other Income: ie:Interest, etc		

\*\*\*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 Foundation. For further information, please contact Taber and District Housing at 223-2767.



## **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 TDHF relating to this application for housing and any future information provided to TDHF throughout the entire tenancy period. Such information may be verified by TDHF 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 TDHF (including personal information) to TDHF.
4. All past and current landlords to provide TDHF 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 TDHF 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 TDHF to disclose my Social Insurance Number to any such employer or person or agency.

I/We do hereby agree that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a Tenant under a Residential Lease with Taber & District Housing Foundation as Landlord, while I am an occupant of any social housing accommodation owned or managed by Taber & District Housing Foundation and following the end of such tenancy or occupancy while Taber & District Housing is carrying on any investigation as to the accuracy and completeness of information provided by me to Taber & District Housing Foundation.

APPLICANT: \_\_\_\_\_  
 Print Name Date Witness

\_\_\_\_\_  
 Signature

OTHER: \_\_\_\_\_  
 Print Name Date Witness

\_\_\_\_\_  
 Signature