

APPLICATION FOR ACCOMMODATION

(CONFIDENTIAL WHEN COMPLETED)

COMMUNITY HOUSING

The Core Need Income Thresholds (maximum income) are:

CAPACITY	BARRHEAD	SWAN HILLS
1 Bedroom	\$38,000	\$38,000
2 Bedroom	\$43,500	\$47,500
3 Bedroom	\$44,000	\$54,000
4 Bedroom	\$62,000	\$62,500

**APPLICATIONS MAY
BE SUBMITTED BY**

EMAIL rsa@bdsha.org

FAX 780-674-4924

IN PERSON 4321 52 Ave.
Barrhead

NOTE: You are eligible for Social Housing Accommodation if your household:

- (a) is in core housing need;
- (b) meets the residency requirements, prescribed by the management body; is comprised of Canadian citizens, individuals lawfully admitted into Canada for permanent residence, refugees sponsored by the Government of Canada or individuals who have applied for refugee or immigration status and for whom private sponsorship has been broken down;
- (c) has a total asset* value of \$25,000 or less.

***The following are not assets for the purpose of the definition of “assets”:**

- (a) clothing for personal use;
- (b) furniture, household furnishings and household appliances for personal use;
- (c) the equity in one motor vehicle that is not primarily for recreation;
- (d) a motor vehicle that is specially adapted to accommodate a disability of a member of the household
- (e) any assets of the household or a member of the household that is held by a trustee in bankruptcy under the Bankruptcy and Insolvency Act (Canada);
- (f) assets in pension funds, registered disability savings plans, registered education savings plans, registered retirement savings plans, or registered retirement income funds or tax free savings accounts;
- (g) the tools, implements, equipment, reference materials and supplies necessary for the profession, trade or calling of a member of the household;
- (h) a payment or refund, designated by the Minister, that is received, directly or indirectly, from the Government of Alberta or the Government of Canada.

PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name _____
Last *First*

Phone 1 _____ Phone 2 _____
Primary - Home or Cell *Work or Cell*

Alberta Health Care No. _____ Driver's Licence No. _____
 Social Insurance No. _____

2. Current Address _____
PO Box / Street / Unit

_____ *Municipality* *Province* *Postal Code*

3. Present accommodation type:
 House Townhouse Apartment Rooming House Hotel or Motel
 Other _____

4. Number of rooms in your present accommodation:
 Kitchen _____ Living Room _____ Dining Room _____ Bedrooms _____ Bathrooms _____

5. Present rent is \$ _____ per month, plus \$ _____ for heat,
 \$ _____ for power, and \$ _____ for, water and sewer.

6. Marital Status
 Married Widowed Single Divorced Separated Common-law
 If common-law or separated, state how long: _____

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

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE DD/MM/YYYY	OCCUPATION OR SCHOOL/ GRADE

Is a baby expected? NO YES If **YES**, estimated due date: _____

8. Spouse's Name _____
Last First

Alberta Health Care No. _____ Driver's Licence No. _____

Social Insurance No. _____

9. Are all members listed above Canadian Citizens? YES NO

If **NO**, provide copies of immigration papers for all members who are not Canadian Citizens.

10. Please check off any of the following populations groups that apply to any members of your household (**optional**):

Indigenous peoples |

People with disabilities |

Individual fleeing violence or leaving second stage shelter* |

At risk of, or transitioning out of homelessness* |

People dealing with mental health or recovering from addiction* |

Youth exiting government care |

Veteran |

Recent Immigrant or Refugee (in Canada less than 5 years) |

Racialized group |

Identify with diverse concepts of gender identity and expression or sexual orientation |

**Please contact our resident services team if you check this category as supporting documentation may be required.*

11. How many other persons share any part of your accommodation? _____ Adults _____ Children
(Other than those listed in question 6)

What part of the accommodation is shared? _____

12. If you do not pay rent, how much do you contribute financially each month? _____

13. Is any member of your family physically disabled? YES NO

If **YES**, specify: _____

Do you require an adapted unit? YES NO

14. Reasons for moving:

** If you have been given an eviction notice, please provide a copy of the notice.*

15. Name of present landlord: _____ Phone _____
 Address _____

16. Other references (e.g. past landlords)

Name _____ Phone _____
 Address _____

Name _____ Phone _____
 Address _____

Name _____ Phone _____
 Address _____

17. Emergency Contact #1

Name _____ Phone 1 _____ Phone 2 _____
Primary - Home or Cell *Work or Cell*
 Address _____

Emergency Contact #2

Name _____ Phone 1 _____ Phone 2 _____
Primary - Home or Cell *Work or Cell*
 Address _____

18. Vehicle Information

	YEAR	MAKE	MODEL	COLOUR	PLATE
Vehicle #1					
Vehicle #2					
Vehicle #3					

19. Assets

Please see list of exclusions on Page 1.

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

20. What is your source of all income (e.g. employment, AISH, social assistance, CCTB, etc.)

21. If you are on either AISH or social assistance, please state the name and office of your social worker.

Name _____ Phone _____

Address _____

22. Total from Line 15000 of most recent Notice of Assessment _____

Please provide a copy of the NOA

23. Please feel free to describe your present accommodation and any information of which you would like the BDSHA to be aware, if any:

The personal information in this form is being collected by Barrhead & District Social Housing Association under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized house or rental benefits. If you have any questions regarding the collection of this information, please contact the Chief Administrative Officer, 780-674-2787, 4321 52 Avenue, Barrhead AB T7N 1M6

THE INFORMATION PROVIDED PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION

I understand that this application does not constitute an agreement on the part of **BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION** to provide me with rental accommodation.

I further acknowledge the right of **BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION**, 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 **BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION**, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise **BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

DOMINION OF CANADA)
PROVINCE OF ALBERTA)

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

TO WIT:

I, _____, 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 for _____ years of my/our life/lives, 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



**THIS PAGE MUST BE COMPLETED FOR
EACH APPLICANT**
PLEASE MAKE ADDITIONAL COPIES IF REQUIRED

MEDICAL INFORMATION REQUIRED

TUBERCULOSIS QUESTIONNAIRE

APPLICANT'S NAME _____

Have you ever had tuberculosis? **YES** **NO**

Do you have any of the following symptoms?

- Productive cough (coughing up phlegm) for more than 4 weeks **YES** **NO**
- Weight loss **YES** **NO**
- Night sweats (fever at night) **YES** **NO**
- Blood in sputum **YES** **NO**

If you have answered yes to any of these questions, please contact Alberta Health Services at (780) 674-3408.

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