



**APPLICATION FOR ACCOMMODATION - SOCIAL HOUSING**  
**(CONFIDENTIAL WHEN COMPLETE)**

**Please check which accommodation applies to you:**

**Barrhead**     **Swan Hills**

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)

Telephone: (Home/Cell): \_\_\_\_\_ Work: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Alberta Health Care No. \_\_\_\_\_

Driver's Licence No. \_\_\_\_\_

2. Canadian Citizen? \_\_\_\_\_

Permanent Resident? \_\_\_\_\_

Other Status? \_\_\_\_\_

*If needed, provide copies of immigration papers for members who are not Canadian Citizens*

3. Current living situation:

\_\_\_\_\_ Own

\_\_\_\_\_ Rent

\_\_\_\_\_ Staying with friends/family

\_\_\_\_\_ Living in shelter

\_\_\_\_\_ Living in hotel

\_\_\_\_\_ Living in vehicle/RV

\_\_\_\_\_ Living in institution or hospital

\_\_\_\_\_ Other

4. Current Address:

\_\_\_\_\_  
(P.O. Box / Apartment No. / Street)

\_\_\_\_\_  
(Municipality) (Postal Code)

Current rent or mortgage payment is \$\_\_\_\_\_ per month.

Do you pay utilities? Yes\_\_\_ No\_\_\_

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

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

6. Number of rooms in your present accommodation:

Kitchen \_\_\_ Living Room \_\_\_ Dining Room \_\_\_ Bedrooms \_\_\_ Bathrooms \_\_\_

7. How many other persons share any part of the accommodation (other than those listed in question #6)

Adults \_\_\_\_\_ Children \_\_\_\_\_

What part of the accommodation is shared?

\_\_\_\_\_

8. List all persons who will be living with you should your application be approved:

Last Name	First Name	Relationship To Applicant	Birth Date (DD/MM/YYYY)	Occupation -or- School/Grade

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

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

9. Marital Status:

Married  Widowed  Single  Divorced  Separated  Common-law

If Common-law or Separated, state how long \_\_\_\_\_

10. Spouse's Name: \_\_\_\_\_  
(Last) (First)

Alberta Health Care No. \_\_\_\_\_

Driver's Licence No. \_\_\_\_\_

11.

Vehicle Information	Year	Make	Model	Colour	Plate #
Vehicle # 1					
Vehicle # 2					
Vehicle # 3					

12. ASSETS\*

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

*\*Please see list of exclusions on page 1.*

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

\_\_\_\_\_

14. If you are on either AISH or Social Assistance, please state the name and office of your Social Worker:

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

15. **Total from line 15000 of most recent Notice of Assessment: \_\_\_\_\_**  
**(Please provide a copy of the NOA - PLEASE NOTE: We cannot process your application without this information.)**

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

Indigenous peoples	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>
Individual fleeing violence or leaving second stage shelter*	<input type="checkbox"/>
At risk of, or transitioning out of homelessness*	<input type="checkbox"/>
People dealing with mental health or recovering from addiction*	<input type="checkbox"/>
Youth exiting government care	<input type="checkbox"/>
Veteran	<input type="checkbox"/>
Recent Immigrant or Refugee (in Canada less than 5 years)	<input type="checkbox"/>
Racialized group	<input type="checkbox"/>
Identify with diverse concepts of gender identity and expression or sexual orientation	<input type="checkbox"/>
<i>*Please contact our resident services team if you check this category as supporting documentation may be required.</i>	

17. Is any member of your family physically disabled? No  Yes

If yes, specify: \_\_\_\_\_

Do you require an adapted unit? No  Yes

18. Reasons for moving:

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

19. Name of present landlord: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

20. Other references (e.g., past landlords)

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

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

21. Emergency Contact #1

Name \_\_\_\_\_

Phone No. (H/Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_

Phone No. (H/Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

22. Please feel free to describe your present accommodation and any information of which you

would like the BDSHA to be aware, if any.

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**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, or its agents, 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, 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 statement 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.

1. 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;
2. That I/we have resided in the Province of Alberta \_\_\_\_\_ years of my/our life /lives and in the district for \_\_\_\_\_ years;
3. That I/we am/are the applicant(s) named in the said application;

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*

DOMINION OF CANADA	)	IN THE MATTER OF THIS APPLICATION
PROVINCE OF ALBERTA	)	FOR DWELLING ACCOMMODATION IN
TO WIT:	)	THE HOUSING PROJECT.

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application;
2. That the statements made by me in the said application are to the best of my knowledge, information and belief full and true in all respects;
3. That I have resided in the Province of Alberta for \_\_\_\_\_ years of my life, in the district for \_\_\_\_\_ years;

Declared before me

at the _____ of _____	)	
	)	
in the Province of Alberta.	)	
	)	_____
this _____ day of _____, 20____	)	Signature of Applicant

\_\_\_\_\_  
Commissioner for Oaths in and for the Province of Alberta

*The personal information in this form is being collected by Barrhead & District Social Housing Association under section 4(c) of the Protection of Privacy Act and is used 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 Tyler Batdorf, Chief Administrative Officer, 780-674-2787, by email at [tbatdorf@bdsha.org](mailto:tbatdorf@bdsha.org) or by mail at 4321 52 Avenue, Barrhead AB T7N 1M6*

