



INSTRUCTIONS FOR COMPLETING APPLICATION

Applicants with greatest need for housing are assisted first, regardless of date of application.
It is impossible to say how long it will be before you receive assistance.

If you are selected for subsidized housing you will be contacted by our Placement Team.

**PLEASE READ CAREFULLY
AND ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.**

**YOU ARE REQUIRED TO ATTACH COPIES OF DOCUMENTS
WHERE APPLICABLE:**

See Page 2 for details.

Return completed application to our Business Office:

**Lethbridge Housing Authority
324-B, Mayor Magrath Drive South
Lethbridge, AB T1J 3L7**

Under certain circumstances you may be contacted for an interview.

**It is *VERY IMPORTANT* to notify Lethbridge Housing Authority with an “Update”
if there are any changes with:**

- Source of income
- Family size or composition
- Address, phone number etc.
- Your need for housing

If we have not contacted you within 90 days and you are still interested in subsidized housing,
please complete an “Update Form” available at our Business Office or Website.

www.lethbridgehousing.ca

**PLEASE KEEP THIS FIRST PAGE OF
INSTRUCTIONS FOR YOUR INFORMATION**

The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you may contact Placements or the FOIP Coordinator at:

Lethbridge Housing Authority Business Office PHONE: (403) 329-0556 FAX: (403) 327-3906



PLEASE ATTACH COPIES OF THE
FOLLOWING DOCUMENTS FOR VERIFICATION
(WHERE APPLICABLE)
TO YOUR COMPLETED APPLICATION

- “Income Verification Form” (to be completed by your Employer).
- Child Support and/or Alimony
(receipts/court orders/Maintenance Support documents).
- AISH or Social Assistance benefits
(copy Income Support Budget and Health Benefits Card)
- Employment Insurance (EI) benefits.
- Workers Compensation (WCB) benefits.
- Students must provide a copy of your Student Finance “Notice of Assessment” -
- along with expenses (tuition, books, supplies) and number of classes/courses.

Please indicate the program you are registered in and your expected graduation date.

If your funding is from Alberta Works Income Support, a copy of funding information.
- Most Current T1 General Tax Returns - (what you submit to Revenue Canada).
- Most Current Notice of Assessment - (what Revenue Canada returns to you).
*CONTACT CANADA REVENUE AGENCY 1-800-959-8281
TO REQUEST REPLACEMENT TAX DOCUMENTS*
- A copy of your current Lease Agreement or a Rental Report.

As changes occur, including anything to your income,
please provide updates to Lethbridge Housing’s Business Office.



10. **Do you own a vehicle?** Yes No Make/Year/Colour _____
 License Plate # _____ Estimated Value \$ _____
 Driver's License # _____

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

Most animals are not permitted

12. **Describe present accommodation:** Rent Own

Present Accommodation: House Apartment Hotel Rooming House
 Other _____

Total Number of Bedrooms: _____

Rental Payments \$ _____

Does this include: **Heat** Yes No **Electricity** Yes No **Water** Yes No

Fridge **Stove** **Washer** **Dryer** **Air Conditioning**

Is the dwelling shared with another family? Yes No

If yes, total number of adults _____ and total number of children _____ in house.

13. **Is there any medical condition that could affect your housing needs that we should know about?** Yes No (For example, is wheelchair accommodation a requirement?)

If yes, who? _____ In what way? _____

What is/are the medical condition/s? _____

14. **Why do you wish to move?** Financial Overcrowded Relationship Breakdown
 Other _____

15. Have you **received** an eviction notice? Yes No If yes, for what date? _____ (Submit copy)

Have you **given** notice to vacate? Yes No If yes, for what date? _____ (Submit copy)

Have you **signed** a Lease? Yes No I/We must give _____ months to vacate.

When does your Lease expire? _____

16. **Debts:** (List creditors, amounts owing & arrears, if any, including rent or utilities)

	<i>Name of Creditor</i>	<i>Amount Presently Owing</i>	<i>Amount in Arrears</i>
1.			
2.			
3.			



17. Assets:

Real Estate Property Address (Property owned by yourself and/or spouse/co-applicant):

Present Value: \$ _____ Mortgage: \$ _____

Bonds & Securities: \$ _____ RRSP's: \$ _____

Total Cash & Bank Deposits: \$ _____

18. Bank:

Name of Bank: _____ Branch: _____ Phone#: _____

19. References (not relatives):

1. _____ 2. _____

Telephone: _____ Telephone: _____

HOUSEHOLD COMPOSITION

In the chart below, enter the names of **ALL** persons, **including yourself**, who will be living in your household.

FULL NAME	RELATIONSHIP	EMPLOYER OR SCHOOL	BIRTHDATE MONTH/DAY/YEAR	AGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				



OTHER INCOME

Provide the Gross 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	TENANT	CO-TENANT
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 - Attach Student Expenses		
Old Age Security Pension, Guaranteed Income Supplement		
CPP/QPP Pension		
Private Pensions or Annuities		
Self Employment Income		
A.I.S.H. (Assured Income for Severely Handicapped)		
Income Support / Social Assistance		
Other (Please Specify)		

If applicable, SOCIAL WORKER'S NAME: _____

Telephone: _____

Fax: _____



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RE: _____

Sir/Madam:

The above named person has applied for a dwelling unit, which is under the management of this Authority. 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 cooperation in this matter.

LETHBRIDGE HOUSING AUTHORITY

***** 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) _____

_____ Representing _____

(Employer's Signature)

(Business Name)

Telephone: _____ Date: _____

Housing for Families, Seniors and Special Needs in our Community



**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 Lethbridge Housing Authority in verifying household and income information contained in an application for social housing accommodation, assessing and verifying initial and on-going eligibility for social housing accommodation, verifying initial and on-going household income and financial 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 Lethbridge Housing Authority (LHA) or its designate to verify all information provided to LHA relating to this application for housing and any future information provided to LHA throughout the entire tenancy period. Such information may be verified by LHA 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 LHA or its designate to disclose any information (including personal information) and to provide copies of documents in the possession of Lethbridge Housing Authority to all federal, provincial and municipal government departments, offices, agencies or boards; interpreters; credit bureaus; financial institutions; past or future landlords; past, current or future employers; schools or educational institutions; and others from whom I receive income or benefits;
3. All past, current and future employers or 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 LHA (including personal information) to LHA;

Housing for Families, Seniors and Special Needs in our Community

(See Over ⇒)

