

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 a Property Clerk or the FOIP Co-ordinator at Lethbridge Housing Authority's Business Office: 324-B, Mayor Magrath Drive South, Lethbridge, AB T1J 3L7 (403) 329-0556.



SENIOR CITIZEN HOUSING APPLICATION

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:

1. A copy of your most recent Income Tax Return and/or Notice of Assessment.

If you do not have an Income Tax return available, please provide:

A copy or stub of most recent paycheque, 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 period that the income covers.

2. A Medical Form (as attached) completed by your Doctor.

Your completed application must be signed and witnessed. Lethbridge Housing Authority provides the Commissioner for Oaths service free of charge.

If your application is selected, a Placement Officer will notify you immediately.

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

UPDATES are required if there are any changes with:

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

IF LETHBRIDGE HOUSING AUTHORITY HAS NOT CONTACTED YOU WITHIN 90 DAYS FOLLOWING YOUR INTERVIEW YOU MUST:

Renew your application in person, by mail, by phone (329-0556) or by fax (327-3906); by providing your name, address, telephone number, and up to date statement(s).

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**

LETHBRIDGE HOUSING AUTHORITY – APPLICATION

1. NAME: _____

Social Insurance Number _____

Birthdate: _____

2. SPOUSE/CO-APPLICANT NAME: _____

Social Insurance Number _____

Birthdate: _____

3. Marital Status:

Married Divorced Widowed Single Common-Law Separated

If separated, divorced, common-law, state length of time _____

4 Present Address: _____ **Present Landlord's Name & Address:**

Postal Code: _____

Length of Tenancy _____ Landlord's Telephone: _____

Telephone: _____

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

If yes, where? _____

6. Emergency Contact: _____ **Relationship:** _____

Address: _____

Telephone: _____

7. Family Doctor: _____ **Telephone:** _____

8. Do you own a vehicle? Yes / No Make/Year _____

License Plate # _____ Estimated Value \$ _____

Driver's License: _____

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

Are you willing to part with your pet(s)? _____

Most animals are not permitted

10. DESCRIBE PRESENT ACCOMODATION:

**Rent or Own
(Circle one)**

Type of Dwelling: _____

Total # of Bedrooms: _____ # of Bathrooms: _____

Rental Payments \$ _____

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

Is the dwelling shared with another family? _____

11. Is there any medical condition that could affect your housing needs that we should know about? YES or NO (For example, is wheelchair accommodation a requirement?) Note: MEDICAL INFORMATION for Physician to complete.

If yes, who? _____

In what way? _____

12. Why do you wish to move? _____

13. Have you received an eviction notice? _____

If yes, for what date? _____ **(Please submit copy)**

Have you **given** notice to vacate? _____

If yes, for what date? _____ **(Please submit copy)**

14. 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.		

15. Employer: _____

Address: _____

Telephone: _____ **Contact Person:** _____

16. 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: \$ _____

Name of Bank: _____ Branch: _____

17. REFERENCES (not relatives):

1. _____ 2. _____

Telephone: _____ Telephone: _____

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I understand that this application does not constitute an agreement on the part of Lethbridge Housing Authority or its agents to provide me with rental accommodation.

I further acknowledge the right of the Housing Authority at anytime prior to the execution and delivery of a lease hereby applied for, to withdraw, revoke, or cancel without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given. I hereby authorize you to make any inquiries you deem necessary to verify the facts contained herein by any method the Housing Authority deems necessary, being fully aware that discovery of any false statement shall cancel any further consideration of any application.

I further agree that I am obligated to advise the Housing Authority, in writing, of any changes in family composition, gross income, assets, employment or change of address, should they occur.

Witness

Applicant

Co-Applicant

FOR OFFICE USE ONLY:

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
Old Age Pension and Supplement		
Canadian Pension		
Alberta Government Supplement		
War Veterans Pension		
Social Assistance***		
Disability Pension		
Employment Insurance Benefits		
Worker's Compensation		
Company Pension/Superannuation		
Employment Income		
A.I.S.H. (Assured Income for Severely Handicapped)		
Income Derived from Assets		
Other Income (Please Specify)		

***If applicable, SOCIAL WORKER'S NAME: _____

Telephone: _____

Fax: _____

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**Lethbridge Housing Authority provides the Commissioner for Oaths
service free of charge, during your interview.
*Picture Identification Required***

STATUTORY DECLARATION

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

I/We _____ of the
city of _____ in the Province of _____, do solemnly
declare as follows:

1. That I/We am/are the applicant(s) named in the said application;
2. That any 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. The 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 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)
_____)
in the Province of Alberta)
)
this _____ day of)
)
_____, 20_____)

Signature of Applicant

A Commissioner for Oaths in and
for the Province of Alberta

Signature of Applicant