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APPLICATION FOR ACCOMMODATION

COMMUNITY SOCIAL HOUSING PROGRAM
DIRECT RENT SUPPLEMENT PROGRAM
PRIVATE LANDLORD RENT SUPPLEMENT PROGRAM

Applications can be dropped off at the office service centre during business hours.

COMMUNITY HOUSING

You are provided one of our units located within The Bethany Group housing area

- Each applicant must be a resident of Alberta
- Each applicant must have dependent children
- Each applicant must have less than $7,000 in assets (not including household furnishings)
- Rent is based on 30% of **gross** household income (before deductions)
- *NO PETS PERMITTED*

RENT SUPPLEMENT PROGRAM

You keep your current rental unit and we may supplement a portion of your rent

- Each applicant must be a resident of Alberta
- Applicants can be individuals, couples or families
- Each applicant must have less than $7,000 in assets (not including household furnishings)
- No shared accommodation or Room & Board arrangements qualify

PRIVATE LANDLORD RENT SUPPLEMENT PROGRAM

You move to a pre-approved private landlords' apartment and we supplement a portion of your rent.

- Each applicant must be a resident of Alberta
- Applicants can be individuals, couples or families
- Each applicant must have less than $7,000 in assets (not including household furnishings)
- Rent is based on 30% of **gross** household income (before deductions)

Please check off which Program you are applying for:

☐ Community Housing ☐ Direct Rent Supplement ☐ Private Landlord Rent Supplement

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 32(c), 37(c) and 38(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.

The Bethany Group OFFICE USE ONLY

NAME: _____ DATE RECEIVED _____

PLEASE READ CAREFULLY

Instructions for completing application

This application will not be processed unless ALL documentation is provided and **ALL questions** answered with the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information of which you would like us to be aware of.

Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.

You are required to provide verification for the following (Copies can be made at our office)**:**

1. ☐ Photo ID

2. ☐ Alberta Health Care cards for yourself and your dependents to verify residency in the Province of Alberta.

3. ☐ A signed lease agreement and 3 months' rent receipts.

4. ☐ Employment Income – A copy of your most recent pay cheque stub **and** an Employment and Income Verification Form *(Available at our office)* signed by the employer of each working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment.

5. ☐ Employment Insurance, Workers' Compensation, Income Support, AISH, Band or Treaty Benefits (including oil royalties, etc.) a letter from the appropriate official verifying the income amount must be attached.

6. ☐ Verify all other income sources including any Child Support or Alimony, Pension Benefits such as Veterans, Orphans, Widow's, CPP Disability, Private Pension Plan etc. with a copy of the most recent pay cheque/stub, benefit cheque, pension cheque, etc., from any of these for each member of your family receiving income from any source.

7. ☐ A Current Tax Return, Notice of Assessment, Child Tax Credit and GST Rebate.

8. ☐ If you are a student, funding documents and a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for household head, partner, and all dependents over the age of 18.

Please note that this application will remain on file for a period of **six (6) months** from the date it was completed. During this time, it is your responsibility to contact this office to **report in writing any changes** in your circumstances such as family composition, contact information, financial information etc.

***If you are ineligible for a subsidy, you will be contacted.**

If a translator was required to complete this application, please provide the name and telephone number.

Translator's Name _____ Telephone Number _____

THE BETHANY GROUP
APPLICATION FOR SUBSIDIZED ACCOMMODATION
(CONFIDENTIAL)

Please answer all questions AND please print or type

1. Applicant's name: (Last) _____ (First) _____
   Home phone: _____ Business Phone: _____ Cellular: _____
   E mail address: _____
   Alberta Health Care No.: _____ Birthdate: _____
   Month/day/year

2. Co-Applicant's name: (Last) _____ (First) _____
   Home phone: _____ Business Phone: _____ Cellular: _____
   Alberta Health Care No.: _____ Birthdate: _____
   Month/day/year

3. List all people who will be living with you, should your application be approved.

Last Name	First Name	Relationship to Applicant	Birth Date Day/Month/Year	Occupation/ School Grade

Is a baby expected? No ☐ Yes ☐ Due Date? _____

Do the above listed children live with you now? Yes ☐ No ☐ Explain _____

_____

4. Are all members listed above Canadian Citizens? Yes ☐ No ☐
   If no, provide copies of immigration papers for members who are not Canadian Citizens.

5. Present Address: _____

   _____
   Municipality Postal Code

6. Do you rent or own your present accommodation? Rent ☐ Own ☐

7. Present rent or house payment is $_____per month, plus
$_____for heat, $_____ for light and $_____for water and sewer.

8. Present Landlord Name: _____
Address: _____
Telephone number: _____
What date did you move to this address? _____

9. Present Accommodation: House ☐ Townhouse ☐ Apartment ☐
Rooming House ☐ Hotel/Motel ☐ Other ☐ _____

10. Rooms in your present accommodation include: Kitchen ☐ Living Room ☐ Dining Room ☐
Number of Bedrooms _____ Number of Bathrooms _____

11. Do you share any part of this accommodation with person(s) other than those listed in question #4?
Yes ☐ No ☐ If yes, how many other persons? No. of adults _____ No. of children _____
What part of the accommodation is shared? _____
Do you pay rent? Yes ☐ No ☐ If No, do you contribute financially? Yes ☐ No ☐
If yes, specify: _____

12. Is any member of your family handicapped? Yes ☐ No ☐ If yes, specify _____
Do you require a handicapped unit? Yes ☐ No ☐

13. Do you have pets? Yes ☐ No ☐ If yes, what kind and how many? _____
(Pets are **not** approved for any of our accommodations)

14. List previous residential tenancies for the past 2 years beginning with the most recent. Use a separate sheet if more room is required than provided.

Previous Landlord Name	Address	Phone Number	Length of Time at Address	Monthly Payment	Reason for Leaving

15. Have you rented subsidized housing before? Yes ☐ No ☐ When? _____
Where? _____

16. **Reasons for wanting to move**. Health ☐ Safety ☐ Financial ☐ Location ☐ Eviction ☐ Other ☐
Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application for subsidized housing.

_____

_____

_____

_____

_____

If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.

17. ASSETS: Cash on Hand $_____ Bank Account $_____ Stocks, Bonds, Mutual Funds, $_____
Real Estate $_____ Mortgage (s) $_____ Other Assets $_____ (i.e. boat, camper, tools, RV)

Vehicle(s) Value $_____ Amount owing on vehicle $_____ Monthly payment $_____

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

18. DRIVER'S LICENSE #: Applicant _____ Co-applicant _____

Vehicle (1)_____
Year Make Model Color License Number

Vehicle (2)_____
Year Make Model Color License Number

19. **STATEMENT OF INCOME**

NOTE: All information regarding your family's income must be complete and accurate.

Provide details of employment held in the last twelve (12) months beginning with the most recent employer.

APPLICANT'S NAME: _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

CO-APPLICANT'S NAME: _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

OTHER HOUSEHOLD MEMBER NAME: _____

Company Name & Address	Start date of employment	End date of employment	Gross Monthly Pay	Hourly Rate	Hours per week

20. Have you received any other sources of income in the past 12 months? If not applicable leave blank. Please provide proof of all income sources.

SOURCE OF INCOME	Name of Family Member in Receipt	Start Date	End Date	Gross Monthly Income
1. Student Grants/Allowances				
2. Employment Insurance				
3. Worker's Compensation				
4. Income Support Benefits				
5. AISH				
6. Child Support / Alimony				
7. Other Income (tips, interest, treaty benefits, royalties, etc)				
8. CPP Disability				
9. Pensions				
a) Old Age Security				
b) Guaranteed Income Supplement				
c) C.P.P. (Retirement, Widow, Orphan)				
d) Alberta Senior Benefits				
e) Veteran's Affairs				
f) Private Pension				
g) Other				

21. Income from Self-Employment – Please explain:

_____

_____

_____

Self-Employment must include the submission of a Financial Statement subject to review by The Bethany Group.

I understand this application does not constitute an agreement on the part of The Bethany Group or its agents to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group 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 The Bethany Group or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel further consideration of my application.

I further agree that I am obligated to advise The Bethany Group or its agents **in writing** of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

_____ _____

Applicant Co-Applicant

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To be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.

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

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

1. That I am/we 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 life/our lives, and in this 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 _____) _____
Signature of Applicant

in the Province of Alberta, this _____ day)

of _____, 20_____) _____
Signature of Co-Applicant

_____
A Commissioner for Oaths in and for the Province of Alberta

My appointment expires on: _____ Print or Stamp Name here:_____