

2019



Application Form

COMMUNITY SOCIAL HOUSING

COMMUNITY HOUSING

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

- Each applicant must be a resident of Alberta
- Each applicant must have dependent children
- Each applicant must have less than \$25,000 in assets (not including household furnishings)
- Rent is based on 30% of **gross** household income (before deductions)
- **No Pets Permitted**

The Bethany Group Office Use Only

Name: _____

Date Received: _____

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



Camrose Service Centre

4612 – 53 Street, Camrose, AB T4V 1Y6

Tel: 780-679-2002

Fax: 780-679-3054

Email: Housing.Camrose@bethanygrp.ca



Lacombe Service Centre

4622 C&E Trail, Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: Housing.Lacombe@bethanygrp.ca



Wetaskiwin Service Centre

300, 4501 – 60 Street, Wetaskiwin, AB T9A 1X7

Tel: 780-352-4435

Fax: 780-582-4458

Email: Housing.Wetaskiwin@bethanygrp.ca

PLEASE READ CAREFULLY

Instructions for completing application:

Applications will not be processed unless all documentation is provided and all questions are fully answered. 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.

You are required to provide verification of the following (*Copies can be made in our offices*):

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 three-most recent months' rent receipts.
4. Employment Income – a copy of your most recent pay cheque stub **and** an Employment & Income Verification Form (*available on the website or at our offices*) 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 printout of *My Current Claim* and *My Payment History*, Workers' Compensation Benefit Statement, Income Support Benefit Statement, AISH Benefit Statement. Band or Treaty Benefits (including oil royalties, etc.) must have a letter attached from the appropriate official verifying the income amount.
6. Verify all other income sources including any Child Support or Alimony, Pension Benefits (such as Veterans, Orphans, Widows, CPP Disability, Private Pension Plan, etc.) with a copy of the most recent bank statement, 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 following:

Translator's Name

Telephone Number

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(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.

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

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

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 _____)

in the Province of Alberta, this _____ day)

of _____, 20_____)

Signature of Applicant

Signature of Co-Applicant

A Commissioner for Oaths in and for the Province of Alberta

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

APPLICATION FOR SUBSIDIZED ACCOMMODATION (CONFIDENTIAL)

Please answer all questions AND please print or type.

1. Applicant's name: (Last) _____ (First) _____
 Home phone: _____ Cell: _____ Email: _____
 Alberta Health Care No.: _____ Birthdate: _____
Month/day/year

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

3. List all people who will be living with you, should your application be approved. *Please use a separate sheet if more room is required than provided.*

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

Is a baby expected? Yes No 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 in this application?

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 in **any** of our accommodations.)*

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

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

17. Assets:

ASSETS	DOLLAR VALUE
Cash on Hand	\$ _____
Bank Account	\$ _____
Stocks, Bonds, Mutual Funds	\$ _____

Other Assets (boat, camper, tools, RV, etc.)	\$
Real Estate	\$
Mortgage(s)	\$
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**

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's 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 twelve (12) months?

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. CPP (retirement, widow, orphan)				
d. Alberta Senior Benefits				
e. Veterans 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.