

Ridge Country Housing

exhibit 03-01-01

Application for Accommodation - Community Housing

(confidential)

Please Read Carefully

INSTRUCTIONS FOR COMPLETING APPLICATION

Complete ALL questions supplying ALL of 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 you would like us to be aware of.

You will be required to provide the following:

- 1.] A signed letter from 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 employment.
- 2.] If you or any other member of your family is receiving Unemployment Insurance, Workers Compensation, or Social Assistance, a letter from the appropriate official must be attached, verifying the amount of the benefit. (Form letters can be obtained from the Housing Authority Office.)
- 3.] Documentation to verify all other sources of income (other than Family Allowance) i.e. Child Support, Oil Royalties, etc.
- 4.] A copy of your most recent pay cheque, benefit cheque, pension cheque, etc., or a stub from these for each member of your family receiving income from any source.
- 5.] If you are a student, 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, spouse and all dependents. Over the age of eighteen years.
- 6.] A copy of your valid Alberta Health Care card.

Your completed application must be signed in the presence of a Commissioner For Oaths in and for the Province of Alberta.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two (2) weeks, if the required information is not received, your application will be cancelled. However, it can be reactivated at any time in the following 12 months. It is not necessary to complete another application form.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED

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

Translators name _____

Telephone number _____

Housing Authority Use Only

Applicants name _____ Date received _____

Applicant

Last name _____ First name _____

Co-Applicant or Spouse _____

Present Address _____ Apt No. _____

City _____ Postal Code _____ Phone # _____

Present marital status, please select one:

- Married
 Single
 Windowed
 Divorced/Separated/Common-Law

If Common-Law or separated, state how long: _____

How long have you lived in:

County of Warner _____

Alberta _____

Canada _____

Names of persons who live in Accommodation	Relationship to Head	Age	Birthdate MM/DD/YYYY	Occupation or School

Is a baby expected? Yes No

If yes, give expected due date: _____

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 present or most recent employer)

Head of Household:

Last name _____ First name _____ SIN# _____

Company Name	Address	From / To	Pay Rate Mnth/Hr	Hours per week

Co-Applicant/Spouse:

Last name _____ First name _____ SIN# _____

Company Name	Address	From / To	Pay Rate Mnth/Hr	Hours per week

Others Working In household:

Last name _____ First name _____ SIN# _____

Company Name	Address	From / To	Pay Rate Mnth/Hr	Hours per week

Others Working In household:

Last name _____ First name _____ SIN# _____

Company Name	Address	From / To	Pay Rate Mnth/Hr	Hours per week

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, registered retirement savings plan, etc.

INVESTMENTS/ASSETS

_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
_____	\$ _____	Yearly	\$ _____	Monthly	\$ _____
	TOTAL \$ _____	TOTAL	\$ _____	TOTAL	\$ _____

(Please indicate if not applicable - N/A)

Source of Income	Name of Family Member in Receipt	Date From / To	Gross Monthly Income
A. Student Grants / Allowance			
B. Unemployment Insurance			
C. Workers Compensation			
D. Social Assistance			
E. Child Support			
F. Other Income			
G. Pensions:			
1. Veteran			
2. Old Age Security			
3. Canada Pension			
4. Guaranteed Income Supplement			
5. AB Income Supplement			
6. Company or Group Pension			
H. Income from self - employment			

Details from self - employment must be outlined by the submission of a financial statement subject to review by the housing authority.

I authorize the housing authority or its agents to make any inquiries to my employer(s) or to any other source for the purpose of verifying facts herein stated. Discovery of false information will result in the termination of my tenancy.

I declare the information contained in this application to be correct.

Applicant's signature _____

Applicant's signature _____ Date _____

This renewal application must be completed and signed before it can be considered.

Statutory Declaration

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

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

- 1.] That I/we am/are the applicant(s) on 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:

And I/we make this solemn declaration conscientiously and believe it to be true and knowing that it is
of the same force and effect as if made under oath and virtue of the "Canada Evidence Act".

DECLARED before me at the _____ of _____ in the Province of
Alberta, this _____ day of _____, 20_____.

A Commissioner for Oaths in and for the
Province of Alberta whose Commission
expires on _____, 20_____

Signature(s) of Applicant(s)

Printed Name of Commissioner for Oaths

Personal Information

Tenant Information: information provided is helpful to our staff in case of emergency

Next of Kin: (if none available, please list closest friends)

i) Name _____ Address _____
Relationship _____ Telephone _____

ii) Name _____ Address _____
Relationship _____ Telephone _____

Do you have a will? [] Yes [] No

Who is the executor? First name _____ Surname _____
Phone _____

Family Doctor: Name _____ Phone _____
Address: _____

Any Physical Disabilities: _____

Hospital Name: _____ Address: _____

Do you own or rent your present accommodation? Own Rent

Present rent of house payment is \$ _____ per month, plus \$ _____ for heat and \$ _____ for light, water and sewer.

If renting, name of your present Landlord: _____
Address: _____
Telephone: _____

Is your present accommodation a: House
 Apartment Elevator? Yes No
 Motel / Hotel
 Rooming House
 Other _____

Rooms in your present accommodation: _____ Kitchen
_____ Living Room
_____ Dining Room
_____ Bathroom(s)
_____ Number of Bedrooms

Reason for wanting to move: _____

If you have been given a "Notice to Vacate", please submit a copy of the notice and state the reason for eviction: _____

FOR APPLICANT USE
other related information you wish to provide.

