**APPLICATION FOR COMMUNITY HOUSING**

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

The information given in this application relates directly to and is necessary in order to qualify applicants for the Community Housing Program as per the Alberta Housing Act and therefore is protected under this Act.

|  |
| --- |
| **Please read carefully and answer all questions to the best of your ability. This application will not be processed unless all questions and documentation are received in it entirety.** |

Please return completed application by **appointment, fax or email** to:

MD of St Paul Foundation

4440-50 Avenue

St Paul Alberta

T0A 3A2

780-645-5366

Fax: 780-645-5733 (provide cover letter)

Email: [l.starnault@stpaulfoundation.ca](mailto:l.starnault@stpaulfoundation.ca)

If we have not contacted you within 180 days and you are still interested in the Rent Assistance Benefit Program, please call the office to update your information and keep your application active.

**Please keep this page so that you have our contact information and are able to provide us with updated information.**

**APPLICATION COMMUNITY HOUSING**

This Application Remains on File for a Period of **Six (6) Months Only**It Is up to The Applicant to Renew it at The End of the Time Period.

Note: Please Answer All Questions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRIMARY APPLICANT** | | | | | | |
| Full Name |  | | | | | |
| Social Insurance |  | | Alberta Health Care Number | |  | |
| Date of Birth |  | | Mailing Address | |  | |
| Street Address |  | | City/Town | |  | |
| Postal Code |  | | Email | |  | |
| Cell Phone |  | | Home Phone | |  | |
| Work Phone |  | |  | | |  |
| **CO- APPLICANT** | | | | | |  |
| Full Name | | | | | |  |
| Social Insurance |  | | Alberta Heath Care Number | | |  |
| Date of Birth |  | | Mailing Address | | |  |
| Street Address |  | | City/Town | | |  |
| Postal Code |  | | Email | | |  |
| Cell Phone |  | | Home Phone | | |  |
| Work Phone |  | |  | | |  |
| Marital Status | Married Separated  Divorced  Single  Common-law Widowed | | | | | |
| If Common-Law or separated, State how long | | |  | | | |
| List all persons, including yourself who will be living with you should your application be approved: | | | | | | |
| **Last Name** | **First Name** | **Relationship to Applicant** | | **Birth Date**  **dd/mm/yy** | | **Occupation or School Grade** |
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| Do all of the people listed above currently live in the household full time? | | | | Yes No | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If No, provide the name of the person (s) and number of days per week they live in your household. | | | | | | | | | | | |
| **Name** | | **Days/Week** | | | **Shared Custody** | | | **If not shared reason for not living full time in household** | | | |
|  | |  | | | Yes No | | |  | | | |
|  | |  | | | Yes No | | |  | | | |
| Is baby expected? | | Yes No | | | Estimated Due date? | | |  | | | |
|  | | | | | | | | | | | |
| Are all members listed above Canadian Citizens? | | | | | | | | Yes No | | | |
|  | | | | | | | | | | | |
| Have you or any member of the household previously been a tenant or received a rental Subsidy from any other subsidized housing program? | | | | | | | | Yes No | | | |
| Are you or any member of the household currently receiving a Subsidy from any other housing program? | | | | | | | | Yes No | | | |
|  | | | | | | | | | | | |
| Do you own or rent your present accommodation? | | | | | | Own  Share  Room/Board  Rent to Own Homeless  Rent | | | | | |
| Monthly Rent/House Payment | | |  | | | Utilities Included | | | | Yes No | |
| Monthly Utility/Payments | Water/Sewer | | | S | Electricity | | $ | | Heat | | $ |
| Specify your present accommodation? | | | | | | House  Apartment  Room & Board  Other  Townhouse Hotel/Motel | | | | | |
| Identify the rooms in your present accommodation? | | | | | | # bedrooms\_\_\_\_\_\_\_  Dining Room  Kitchen  # Bathrooms\_\_\_\_\_\_\_  Living Room Other\_\_\_\_\_ | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you share accommodations with person(s) other than those listed in this application? | | | | | Yes No |
| If Yes, how many other people? | Adults | |  | Children |  |
| What part of the accommodation is shared? | |  | | | |

|  |  |  |
| --- | --- | --- |
| If you do not pay rent do you contribute financially? | | Yes No |
| If yes, please specify. |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you received a legal notice to end tenancy? | Yes No | Move out Date? |  |

|  |  |
| --- | --- |
| Is any member of your family physically challenged? | Yes No |

|  |  |
| --- | --- |
| **Personal Reference 1** | **Personal Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Home Phone |  | Home Phone |  |
| Cell Phone |  | Cell Phone |  |
| Relationship |  | Relationship |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please provide information on your last three landlords | | | | | | |
| **Full Rental Address** | **From** | **To** | **Landlord Name** | **Phone** | **Reason for Leaving** | |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Support Worker or Counselor (if any)** | | | | | | |
| Name: |  | | Phone | ( ) | Organization |  |
| Address: | |  | | | Relationship |  |

|  |
| --- |
| Please explain your reasons for applying for the Rent Assistant Benefit subsidy that will assist us in the assessment of your application (attach paper if required) |

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STATEMENT OF INCOME

**Note:** All information regarding your family’s income must be completed and accurate. Provide details of current employment held in the last twelve (12) months. (begin with most recent).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRIMARY APPLICANT** | | | **CO-APPLICANT** | | |
| Name |  | | Name |  | |
| SIN Number | |  | SIN Number | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company |  | | | Company |  | | |
| Address |  | | | Address |  | | |
| From |  | To |  | From |  | To |  |
| Hrs/Week |  | Rate/Hr. |  | Hrs./Week |  | Rate/Hr. |  |
| Earnings |  |  | | Earnings |  |  | |
| Total Income Earned | |  | | Total Income Earned | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company |  | | | Company |  | | |
| Address |  | | | Address |  | | |
| From |  | To |  | From |  | To |  |
| Hrs./Week |  | Rate/Hr. |  | Hrs./Week |  | Rate/Hr. |  |
| Earnings |  |  | | Earnings |  |  | |
| Total Income Earned | |  | | Total Income Earned | |  | |

|  |  |
| --- | --- |
| Have you received any other income in the past twelve (12) months? | Yes No |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY APPLICANT** | | **CO-APPLICANT** | |
| Cash on Hand |  | Cash on Hand |  |
| Cash in Bank Account(s) |  | Cash in Bank Account(s) |  |
| Other Assets (type & Amt.) |  | Other Assets (type & Amt.) |  |
| Investments RRSP’s Stocks Bonds Mutual Funds |  | Investments RRSP’s Stocks Bonds Mutual Funds |  |
| Real Estate Holdings |  | Real Estate Holdings |  |
| Mortgage Owing |  | Mortgage Owing |  |
| Vehicle Financing Owing |  | Vehicle Financing Owing |  |

**Note:** Essential personal and household effects such as clothes, furniture, etc. are not included in assets.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Information** | | | | | | | |
| First Vehicle Owner | |  | | License Plate Number | |  | |
| Model |  | Year |  | Make |  | Color |  |
|  | | | | | | | |
| Second Vehicle Owner | |  | | License Plate Number | |  | |
| Model |  | Year |  | Make |  | Color |  |

|  |  |  |
| --- | --- | --- |
| Do you lease a vehicle? | Yes No | Lease Payment Amount: |

**SOURCE OF INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(Please indicate if not Applicable with -N/A)** | **Name of Receiver** | **Start** | **End** | **Gross Monthly Income** |
| Student Grants or Allowance |  |  |  |  |
| Employment Insurance ( Maternity Leave) |  |  |  |  |
| Workers Compensation |  |  |  |  |
| Income Support Benefits |  |  |  |  |
| AISH |  |  |  |  |
| Alimony or Child Support |  |  |  |  |
| Other Income (Tips, Commissions) |  |  |  |  |
| Self Employed |  |  |  |  |
| Child Tax Credit |  |  |  |  |
| **Pensions** |  |  |  |  |
| Old Age Security |  |  |  |  |
| Guaranteed Income Supplement |  |  |  |  |
| CPP ( Retirement, Survivors) |  |  |  |  |
| Alberta Seniors Benefit |  |  |  |  |
| Veteran’s Affairs |  |  |  |  |
| Private Pension |  |  |  |  |
| Other: CRB, CESB, CERB etc. |  |  |  |  |

APPLICATION COMMUNITY HOUSING

Many employers or agencies who provide assistance and or benefits (Alberta Employment and Immigrations, Employment Insurance, AISH etc.) will not release information without written consent form the employee or recipient. The MD of St Paul Foundation, therefore, requests the following be signed by all persons who are 18 years of age or older.

**I/We Authorize**

* The MD of St Paul Foundation, or its designate, to verify all information provided relating to this Application for subsidy and any future information provided throughout the entire tenancy period. This may include but is not limited to employers, credit bureaus, financial institutions, federal, provincial or municipal government departments, offices. Boards or landlords.
* The MD of St Paul Foundation, or its designate, to release and exchange any information and documents including personal information by and between the MD of St Paul Foundation and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, interpreter(s), credit bureaus financial institutions or past or current employers.
* The parities/agencies noted in the previous paragraph to release pertinent information to the MD of St Paul Foundation in order to determine eligibility, in all aspects of this application and tenancy if approved.
* The MD of St Paul Foundation to obtain information from any person or agency for the purpose of audit verification of our/my family income or circumstance.

PRIMARY APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant Social Insurance Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

CO-APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant Social Insurance Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant Social Insurance Numb

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

APPLICATION COMMUNITY HOUSING

I/We understand all information provided herein or in the future is subject to audit. Failure to provide information for auditing purposes will result in cancellation of the application or termination of the Rent Assistance Benefit. This application does not constitute an agreement on the part of the MD of St Paul Foundation, or its agents, to provide me with a Rent Assistance Benefit.

I/We further acknowledge the right of the MD of St Paul Foundation or its agent s, at any time prior to execution and delivery to me of a Rent Assistance Benefit applied for to withdraw or cancel without penalty or liability or damages otherwise, or any acceptance or approval of this application made or given.

Giving **false information** on this application or any future documents to the MD of St Paul Foundation shall cancel any further consideration of my application. If I/We are provided a rent assistant benefit, this application forms part of the Tenant agreement with the MD of St Paul Foundation.

I/we am/are obligated to advise the MD of St Paul Foundation or its agents, in writing, of any change in family composition, gross income, assets, employment or change of address, should they occur. Failure to report change as required may result in recovery action, criminal charges and termination of the benefit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **Primary Applicant** Signature of **Witness**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS **ALL** APPLICABLE INFORMATION IS COMPLETE INCLUDING ANY ATTACHMENTS NECESSARY.

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. Space is provided for any other information you would like us to be aware of.

Note: your completed application must be signed.

You will be required to provide the following: (if applicable to your situation)

|  |  |
| --- | --- |
|  | If you are employed-an **Income Verification Form** (provided by our Office) |
|  | A copy of your most recent **Annual Income Tax Return** and **Notice of Assessment form** |
|  | Proof of employment income (3 consecutive months of pay stubs which show a person’s name, the rate pf pay, number of hours per week and total gross earnings) for all members of your household (18+) |
|  | **Social Assistance/ AISH**- if you, or any member of the household is receiving Income Supports a copy of the agency statement of benefit |
|  | **Employment Insurance** or **Workers Compensation**- if you or any member of the household is receiving payments, a copy of that agency statement of benefit |
|  | Documents of **all other sources of Income** (e.g. Child Tax Credit, Child Support, Alimony, Student Loan or Grant, Canada Pension, Disability Pension, Old Age Security, Self-Employment, pension, RRSP, RRIF etc.) |
|  | **Bank Statements**- provide recent bank statements showing 90 day transaction history for all household bank accounts (non-senior households only). |
|  | Copy of Rental or Lease Agreement and current rent receipt |
|  | Copies of Utilities; Natural Gas, Power and Water |
|  | If you have been given Notice to Vacate, submit a copy of the notice stating the reason for eviction |
|  | Investment Income- attach a bank statement copy showing the investment value and interest earned. |
|  | Property- if you or anyone in your household owns property, attach a mortgage agreement copy. If it is to be sold, verify how much money you will receive after the sale. If the property is foreclosed, submit a letter from your lawyer or bank as proof. |
|  | Vehicle- attach a copy of any loan or lease papers for your vehicle. |
|  | If you or any member of the household over the age of eighteen is a full-time student, letter from the registrar of the school verifying registration. |
|  | Copies of Children’s Birth Certificates or valid Alberta Heath Care cards for all members of the household |
|  | Driver’s License or picture identification of applicants |

**COMMUNITY HOUSING**

* Each applicant must have lived or worked in the area for at least three months
* Each household must have less than $25,000 in assets (Not including household furnishings)
* At least one applicant must be 18 years of age or older.
* Community housing is for families.

**FREQUENTLY ASKED QUESTIONS**

**Q: What are your office hours?**

**A:**  The MD of St Paul Office is open Monday to Friday from 8:am to 4: pm. The office is closed on statutory

Holidays.

**Q: Where are you located?**

**A**: The MD of St Paul Foundation

4440 50 Avenue

St Paul, Alberta

T0A 3A2

**Q: How is my priority determined?**

**A:** Priority on the waiting list is determined by your income, family size, amount of rent paid and current circumstances that effect your living situation.

**Q: What if there are changes to my situation?**

**A:** If you address or your phone number change, or there are changes in your family size, your income or amount of rent that you pay, or your living circumstances, please update us by notifying the office at 780 645 5366 or email: l.starnault@stpaulfoundation.ca.

**Q: How long will I have to wait for housing?**

**A:** Unfortunately, there is no way for us to predict how long you will have to wait for rent assistance. There is a waiting list and we house applicants based on need, first. **The MD of St Paul Foundation does not provide emergency housing or funding.**

**Q: When will you call me?**

**A:** We will call you as soon as housing comes available. Please keep your information accurate and up-to date in order for us to determine eligibility.

**Q: How often should I check if you have something for me?**

**A:** In order for your file to remain active, you must contact us either by phone or in person, every six (6) months. Unless your information has changed there is no reason to contact us more frequently.

**Q: How is rent calculated?**

**A:** Rent is based on 30 % of the tenant’s gross household income (or the social assistance rent scale, if applicable).