



P.O. Box 399
Didsbury, AB
T0M 0W0

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**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:

- 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 current employment.
- If you or any member of your family is receiving Employment Insurance, Worker’s Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- Documentation to verify all other sources of income (other than Family Allowance) i.e. child support, oil royalties, etc.
- A copy of your most recent TWO pay cheques, benefit cheques, pension cheques, etc., or dated stubs for each member of your family receiving income from any source.
- 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.
- Two references from previous landlords.

Your completed application must be signed in the presence of a ‘Commissioner for Oaths’ for Oaths in and for the Province of Alberta, or the province from which application is being made. This service is provided at our office without charge.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled.

THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED, MOST RECENT TAX YEAR’S NOTICE OF ASSESSMENT ENCLOSED, AND IS SIGNED BY A COMMISSIONER FOR OATHS.

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

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TRANSLATOR’S NAME

TELEPHONE NUMBER

Applications are kept on file for **one year** unless contact has been made by the Applicant or MVSH



APPLICATION FOR ACCOMMODATION - COMMUNITY HOUSING
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PLEASE PRINT

Please check location preferred

Indicate choice by entering 1st 2nd and/or 3rd choices

Olds

Sundre

Didsbury

Carstairs

Crossfield

Note: Please answer ALL questions. Application must be fully completed and signed or it will not be accepted. Applications are kept on file for one year unless contact has been made by the Applicant or MVSH.

1. Applicant's Name: _____
(Last) (First)

Home Telephone: _____ Business Telephone: _____

2. Co-Applicant/Spouse's Name: _____
(Last) (First)

Home Telephone: _____ Business Telephone: _____

3. Marital Status:

Married Widowed Single Divorced Separated Common-law

If Common-law or Separated, state how long: _____

4. 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 Day/Mo./Yr.	Occupation or School Grade

Is a baby expected? No Yes If yes, give estimated due date: _____

5. Are all members listed above Canadian Citizens? No Yes

If no, provide copies of immigration papers for members who are not Canadian Citizens.

6. Present Address: _____
(Street) (Mailing)

_____ (Municipality) (Municipality)

_____ (Province) (Postal Code) (Province) (Postal Code)

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

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

8. If renting, name of present Landlord: _____
Address: _____
Telephone No: _____

9. Is your present accommodation a:
House Townhouse Apartment Rooming House Hotel/Motel Other _____

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

11. Do you share any part of the accommodation with person(s) other than those listed in question #4? No Yes
If yes, how many other person? Number of adult's _____ Number of Children _____. What part of the accommodation is shared? _____

If you do not pay rent, do you contribute financially? No Yes
If yes, specify _____

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

13. Reasons for wanting to move: _____

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.

14. ASSETS:
Cash on hand: \$_____ Cash in Bank Account \$_____
Stocks, Bonds, Mutual Funds, etc. \$_____ Real Estate \$_____
Mortgage(s) \$_____ Other Assets \$_____

Car – Year/Make/Model: _____/_____/_____, _____/_____/_____

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

Please feel free to describe your present accommodation and any information you would like Mountain View Seniors' Housing to be aware of. This space is provided for you to explain your reasons for applying for Community Housing, and will assist us in the approval of your application.

15. Statement of Income:

NOTE: All information regarding your Family's income must be complete and accurate. Provide details of current employment held in the last twelve (12) months (begin with the most recent employer).

Applicant Name: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

When did your spouse last work? Month _____ Year _____

Co-Applicant or Spouse: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

Other Household Member: _____ Social Insurance # _____/_____/_____

Company	Address	Employed		Rate of Pay		Hours per Week
		From	To	Gross Monthly	Hourly	

16. Have you received any other sources of income in the past twelve (12) months?
(Please indicate if Not Applicable – N/A)

Source of Income	Name of Family Member in receipt	Date From/To	Gross Monthly Income
Student Grants/Allowance			
Unemployment Insurance			
Worker's Compensation			
Social Assistance (don't include Family Allowance)			
Child Support/Alimony Voluntary or Court Award			
Other Income (Tips, Interest, Royalties, etc.)			
Pensions: Department of Veteran Affairs			
Old Age Security			
Canada Pension - (Retirement, Widow & Orphan Benefits)			
Guaranteed Income Supplement			
Alberta Income Supplement			
Company or Group Pension			
Income from Self Employment			

DETAILS OF SELF-EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT SUBJECT TO REVIEW BY MOUNTAIN VIEW SENIORS' HOUSING

Note No pets will be permitted to reside in any housing managed and administered by the Mountain View Seniors' Housing, unless approved in advance by MVSH under special circumstances.

THIS APPLICATION WILL NOT BE PROCESSED, UNLESS ALL QUESTIONS ARE FULLY ANSWERED, MOST RECENT TAX YEAR'S NOTICE OF ASSESSMENT ENCLOSED, AND IS SIGNED BY A COMMISSIONER FOR OATHS.

I understand that this application does not constitute an agreement on the part of **MOUNTAIN VIEW SENIORS' HOUSING**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **MOUNTAIN VIEW SENIORS' HOUSING**, 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 **MOUNTAIN VIEW SENIORS' HOUSING**, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise **MOUNTAIN VIEW SENIORS' HOUSING** or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

Applicant

Witness

Co -Applicant

Witness

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

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

- 1. That I am the applicant named in this application;
- 2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
- 3. That I have resided in Canada for ____ years of my life and in the Mountain View District for ____ years;

And I 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 _____)
this _____ day of _____, _____.)

Signature of Applicant

Signature of Co-Applicant

A Commissioner for Oaths in and for the Province of _____

Printed name of Commissioner for Oaths

My Appointment expires on

Day Month Year