



# APPLICATION FOR NON-SENIORS HOUSING PROGRAMS (CONFIDENTIAL)

## READ INSTRUCTIONS FOR COMPLETING APPLICATION CAREFULLY

This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

I understand that this is just an application and that is not an agreement on the part of Leduc Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of LEDUC FOUNDATION, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize LEDUC FOUNDATION, or its agents to investigate any or all of the statements made by me in this application, 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 LEDUC FOUNDATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

DOMINION OF CANADA )  
PROVINCE OF ALBERTA )  
TO WIT: )

IN THE MATTER OF THIS APPLICATION  
FOR DWELLING ACCOMMODATION IN  
THE HOUSING PROJECT.

I \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_  
(City/Town/Village) (Name of City/Town/Village)

in the Province of Alberta, do solemnly declare:

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 within the geographical area of Leduc County (including all communities within) for the last \_\_\_\_\_ years or previous \_\_\_\_\_ years of my life.

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 in the \_\_\_\_\_  
of \_\_\_\_\_, in the Province of  
Alberta, this \_\_\_ day of \_\_\_\_\_  
A.D., 20\_\_\_\_.

}  
}  
}  
}  
}

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
A Commissioner for Oaths in the Province of Alberta

\_\_\_\_\_  
Printed Name of Commissioner

My Appointment Expires on: \_\_\_\_\_  
Day/Month/Year

### FOR OFFICE USE ONLY:

#### Subsidized:

- Leduc
- Calmar

#### Affordable:

- Leduc
- Beaumont
- Devon

#### Rent Supplement:

- PLRS
- DRS

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

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**NOTE: PLEASE PRINT.** 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.

## 1.0 PERSONAL INFORMATION

1.1 Applicant's Name: \_\_\_\_\_  
(Last) (First)

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ User ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Insurance # \_\_\_\_\_

1.2 Co-Applicant's Name: \_\_\_\_\_  
(Last) (First)

1.3 MARITAL STATUS : Married  Widowed  Single   
 Divorced  Separated  Common Law

If Common Law or Separated, state how long: \_\_\_\_\_

1.4 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/SCHOOL GRADE
		APPLICANT		

1.5 Is baby expected ? No  Yes  If Yes, estimated due date: \_\_\_\_\_

1.6 Name of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.7 Are all members listed above Canadian Citizens ? No  Yes

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

1.8 Do you have a pet ? No  Yes , what kind(s) and how many? \_\_\_\_\_

## 2.0 PAST & PRESENT ACCOMMODATION

2.1 Present Address: (Box #) \_\_\_\_\_  
 \_\_\_\_\_ How Long there? \_\_\_\_\_  
(Municipality) (Postal Code)

If less than one year please explain: \_\_\_\_\_

2.2 Do you own or rent your present accommodation? Own \_\_\_\_\_ Rent \_\_\_\_\_

2.3 If renting, name of present landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2.4 Previous Address: \_\_\_\_\_  
 \_\_\_\_\_ How Long there? \_\_\_\_\_  
(Municipality) (Postal Code)

Name of previous landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- 2.5 Have you ever resided in subsidized housing before ? No  Yes   
 If **YES**, Where? \_\_\_\_\_ When? \_\_\_\_\_
- 2.6 Have you ever been evicted ? No  Yes  If yes, why? \_\_\_\_\_
- 2.7 Present rent or house payment is \$\_\_\_\_\_ per month,  
 plus \$\_\_\_\_\_ for heat, \$\_\_\_\_\_ for light, and \$\_\_\_\_\_ for water and sewer
- 2.8 Is your present accommodation a : House  Townhouse  Apartment   
 Rooming House  Hotel or Motel  Other: \_\_\_\_\_
- 2.9 Rooms in your present accommodation :  
 Kitchen  Living Room  Dining Room  # of Bathrooms: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_
- 2.10 Do you share any part of the accommodation with person(s) other than those listed  
 in this application ? No  Yes  If Yes, how many? Adults \_\_\_\_\_ Children \_\_\_\_\_  
 What part of accommodation is shared? \_\_\_\_\_
- 2.11 If you do not pay rent, do you contribute financially? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If Yes, specify: \_\_\_\_\_

**3.0 ASSETS:** Cash on Hand: \$\_\_\_\_\_ Cash in Bank Account: \$\_\_\_\_\_  
 Stocks, Bonds, Mutual Funds, etc. \$\_\_\_\_\_  
 Other Assets: \_\_\_\_\_ \$\_\_\_\_\_  
 \_\_\_\_\_ \$\_\_\_\_\_

**NOTE:** Essential personal/household effects (clothes, furniture, vehicle, etc.) are not included as assets.

**4.0 VEHICLES** #1: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year Make Model Color License Plate  
 #2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year Make Model Color License Plate

**5.0 STATEMENT OF INCOME**

All information regarding your family's income must be complete and accurate. Each source of income must be verified. Forms are available from the foundation office. Provide details of current employment held in the last twelve (12) months beginning with the most recent employer.

Applicant Name: \_\_\_\_\_

Company Name & Address	Employed		Rate of Pay		Hrs./ Week
	From	To	Gross/Mth	Hourly	

Name of Co-Applicant or Dependent: \_\_\_\_\_

Company Name & Address	Employed		Rate of Pay		Hrs./ Week
	From	To	Gross/Mth.	Hourly	

You will be required to provide 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.

