

APPLICATION FOR ACCOMMODATION--SENIOR CITIZENS

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Phone: (403) 286-7402 Fax: (403) 286-0693 E-Mail: info@chhousing.ca

NOTE: PLEASE ANSWER ALL QUESTIONS. (please print)

1. APPLICANT'S NAME: _____
(Last Name) (First Name)

DATE OF BIRTH: ____ / ____ / ____ SOCIAL INSURANCE NO: _____
Month Day Year OPTIONAL

2. CO-APPLICANT'S NAME: _____
(Last Name) (First Name)

DATE OF BIRTH: ____ / ____ / ____ SOCIAL INSURANCE NO: _____
Month Day Year OPTIONAL

3. ARE YOU A: _____ CANADIAN CITIZEN
 _____ LANDED IMMIGRANT
 _____ LIVED IN CANADA FOR TEN YEARS OR MORE

4. PRESENT ADDRESS _____
P.O. Box/Apartment No./Street

_____ HOME TELEPHONE NO: _____
(City/Town/Village) (Postal Code)

ALTERNATE CONTACT PERSON: _____
(Name) (Telephone No.)

5. MONTHLY INCOME--**ALL INCOMES MUST BE VERIFIED UPON ACCEPTANCE AS A TENANT.**

Please provide a photocopy of your 2017 Notice of Assessment form with your application

OPTION 1: List your income as listed on Line 150 of your 2017 Notice of Assessment (or Reassessment):

Applicant – Line 150 income = \$ _____ Co-Applicant – Line 150 income = \$ _____

OPTION 2: Complete the following information, **only if a 2017 Notice of Assessment (or Reassessment) is not available! Please note – T-4 / T-5 information must be supplied with the application.**

	Applicant \$	Co-Applicant \$
Old Age Security and Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____

Company Pension _____

War Veterans Allowance _____

War Disability Pension _____

Employment Income _____

Social Assistance _____

Other Income: Specify _____

TOTAL: _____

ASSETS: Please list all investments/assets and interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc. (**Annuities, RRSP & RRIF are not to be included**).

INVESTMENTS / ASSETS	INTEREST / INCOME	
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
_____ \$ _____	Yearly \$ _____	Monthly \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

6. IF YOU OR YOUR CO-APPLICANT HAVE EMPLOYMENT INCOME (S), PLEASE STATE THE NAMES AND ADDRESS (ES) OF THE EMPLOYER (S).

NAME OF YOUR EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

NAME OF YOUR CO-APPLICANT'S EMPLOYER: _____

ADDRESS: _____ TELEPHONE NO.: _____

7. DO YOU OWN OR RENT YOUR PRESENT ACCOMMODATION: OWN _____ RENT _____

HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS _____

PRESENT RENT OR HOUSE PAYMENT IS \$ _____ PER MONTH, PLUS \$ _____ FOR HEAT AND
\$ _____ FOR LIGHT, WATER AND SEWER.

8. IF RENTING, NAME OF YOUR PRESENT LANDLORD: _____

ADDRESS: _____

TELEPHONE NO: _____ FAX NO: _____ EMAIL: _____

9. IS YOUR PRESENT ACCOMMODATION A: _____APARTMENT----ELEVATOR {___} YES {___} NO
_____ ROOMING HOUSE _____MOTEL/HOTEL _____ OTHER_____

10. ROOMS IN YOUR PRESENT ACCOMMODATION: {___} KITCHEN {___} LIVING ROOM {___} DINING ROOM
_____ BATHROOM _____NUMBER OF BEDROOMS

11. NUMBER OF PERSON (S) SHARING YOUR PRESENT ACCOMMODATION: _____ADULTS _____CHILDREN

12. DOES ANY MEMBER OF YOUR HOUSEHOLD REQUIRE ACCOMMODATION ADAPTED FOR A SPECIAL NEED
(I.e., WHEELCHAIR ACCESSIBILITY, ETC.)_____

13. DO YOU SHARE WITH OTHER OCCUPANTS THE USE OF THE KITCHEN, BATHROOM, OR BEDROOM? YES NO
IF YES, NUMBER OF PERSON(S) SHARING KITCHEN_____

NUMBER OF PERSON(S) SHARING BATHROOM_____

NUMBER OF PERSON(S) SHARING BEDROOM_____

14. IS YOUR SHOWER AND/OR BATHTUB, TOILET AND WASHBASIN ALL LOCATED IN YOUR BATHROOM?

(___) YES (___) NO IF NO, PLEASE GIVE DETAILS: _____

15. ARE YOUR STOVE, REFRIGERATOR, CUPBOARDS, COUNTER SPACE AND SINK, ALL LOCATED IN YOUR KITCHEN?

(___) YES (___) NO IF NO, PLEASE GIVE DETAILS: _____

16. DO YOU HAVE A PET? (___) YES (___) NO
(Dogs and/or cats are not accepted at any of our buildings.)

17. REASONS 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: _____

18. DO YOU SMOKE? (___) YES (___) NO

PLEASE READ CAREFULLY
(You do not have to fill this page out prior to interview)

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

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

I authorize CALGARY HERITAGE HOUSING, 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 CALGARY HERITAGE HOUSING, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or changes of address, should they occur.

_____ Signature of Witness	_____ Signature of Applicant
DOMINION OF CANADA) PROVINCE OF ALBERTA)	IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

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

1. That I am the applicant 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 the Province of Alberta for _____ years of my life and in the 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 Alberta,)
this _____ day of _____, 20____)

Signature of Applicant

A Commissioner for Oaths in and for the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on _____
Day/Month/Year