

BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION

4321-52 Avenue, Barrhead, AB, T7N 1M6

Phone: (780) 674-2787 Fax: (780) 674-4924

APPLICATION FOR ACCOMMODATION - SOCIAL HOUSING

Please Note:

You are eligible for Social Housing Accommodation if your household

- (a) is in core housing need;
- (b) has a total asset value of \$7,000 or less;
- (c) is comprised of Canadian citizens, individuals lawfully admitted into Canada for permanent residence, refugees sponsored by the Government of Canada or individuals who have applied for refugee or immigration status and for whom private sponsorship has been broken down;
- (d) meets the residency requirements, prescribed by the management body.

The Core Need Income Thresholds for Barrhead are:

1-bedroom	\$20,000
2-bedroom	\$23,500
3-bedroom	\$28,500
4-bedroom	\$32,500

The following are **not** assets for the purpose of the definition of “assets”:

- (a) necessary clothing;
- (b) furniture, household furnishings and household appliances of reasonable value;
- (c) one tractor, if it is required for agricultural purposes if for the trade or calling of the individual;
- (d) the equity in one or more motor vehicles to an amount not exceeding \$4,000;
- (e) a motor vehicle that is specially adapted to accommodate a disability of a member of the household that is held by a trustee in bankruptcy under the Bankruptcy and Insolvency Act (Canada);
- (f) assets in pension funds, registered retirement savings plans, or registered retirement funds;
- (g) the books of a professional individual required in that individual’s profession;
- (h) the necessary tools and necessary implements and equipment to the value of \$7,500 used for the trade or calling of a member of the household.

10. **Is your present accommodation a:** House ___ Townhouse ___ Apartment ___ Rooming House ___
Hotel or Motel ___ Other _____

11. **Rooms in your present accommodation:** Kitchen ___ Living Room ___ Dining Room ___
Bathrooms ___ Bedrooms ___

12. **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 persons? Number of Adults ___ Number of Children ___.

What part of the accommodation is shared? _____

If you do not pay rent, do you contribute financially? No ___ Yes ___

13. **Is any member of your family physically handicapped?** No ___ Yes ___

If yes, specify _____

Do you require a handicapped unit? No ___ Yes ___

14. **Do you have a pet?** No ___ Yes ___

If yes, what kind(s) and how many of each? _____

15. **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.

16. **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's Name: _____ **Social Insurance No.** ___/___/___

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 No.** ___/___/___

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

Other Household Member: _____ **Social Insurance No.** ___/___/___

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

Have You Received Any Other Sources Of Income In The Past Twelve (12) Months?

PLEASE INDICATE (N/A) If Not Applicable

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM / TO	GROSS MONTHLY INCOME
A. STUDENT GRANTS / ALLOWANCE			
B. UNEMPLOYMENT INSURANCE			
C. WORKER'S COMPENSATION			
D. SOCIAL ASSISTANCE (Don't Include Child Tax Credit)			
E. CHILD SUPPORT / ALIMONY – Voluntary Or Court Award			
F. OTHER INCOME (Tips, Interest, Royalties, Etc.)			
G. PENSIONS: DEPARTMENT			
1. DEPARTMENT OF VETERAN AFFAIRS			
2. OLD AGE SECURITY			
3. CANADA PENSION (Retirement, Widow & Orphan Benefits)			
4. GUARANTEED INCOME SUPPLEMENT			
5. ALBERTA INCOME SUPPLEMENT			
6. COMPANY OR GROUP PENSION			
H. INCOME FROM SELF EMPLOYMENT			

DETAILS OF SELF-EMPLOYMENT MUST BE OUTLINED BY THE SUBMISSION OF A FINANCIAL STATEMENT SUBJECT TO REVIEW BY THE HOUSING AUTHORITY.

17. ASSETS

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

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

18. DRIVER'S LICENCE NUMBER: _____

Car – Year/Make/Model: _____

Car – Color/License No.: _____

19. Please feel free to describe your present accommodation and any information of which you would like the Tenant Selection Committee to be aware. This space is provided for you to explain your reasons for applying for Social Housing, and will assist us in the approval of your application.

TUBERCULOSIS QUESTIONNAIRE

Have you ever had tuberculosis? YES NO

Do you have any of the following symptoms?

- Productive cough (coughing up phlegm) for more than 4 weeks? YES NO
- Weight loss? YES NO
- Night sweats (fever at night)? YES NO
- Blood in sputum? YES NO

If you have answered yes to any of these questions, please contact Aspen Health Services at (780) 674-2787.