

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

The Core Need Income Thresholds (maximum income) for Barrhead are:

Capacity	Barrhead	Swan Hills
1-bedroom	\$39,000	\$38,500
2-bedroom	\$45,500	\$45,000
3-bedroom	\$51,000	\$51,500
4-bedroom	\$56,000	\$59,500

Please Note:

You are eligible for Social Housing Accommodation if your household:

- (a) is in core housing need;
- (b) meets the residency requirements, prescribed by the management body;
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;
- (c) has a total asset* value of \$7,000 or less.

*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. **How many other persons share any part of the accommodation** (other than those listed in question #6)
 Number of Adults _____ Number of Children _____
What part of the accommodation is shared? _____

If you do not pay rent, how much do you contribute financially each month? No Yes

11. **Is any member of your family physically handicapped?** No Yes
If yes, specify _____

Do you require a handicapped unit? No Yes

12. **NO PETS ALLOWED**

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. **Name of present landlord:** _____ Phone # _____
Address: _____ Town _____

15. **Other references** (e.g. past landlords)
 Name: _____ Phone# _____
 Address: _____ Town _____
 Name: _____ Phone# _____
 Address: _____ Town _____
 Name: _____ Phone# _____
 Address: _____ Town _____

16. **Emergency Contact #1**
 Name _____ Phone# (h) _____ (w) _____
 Address _____ Town _____
Emergency Contact #2
 Name _____ Phone# (h) _____ (w) _____
 Address _____ Town _____

17.

Vehicle Information	Year	Make	Model	Colour	Plate #
Vehicle # 1					
Vehicle # 2					
Vehicle # 3					

18. 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, etc. need not be noted as assets.

19. 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.** ____/____/____

What Sources Of Income have you received in The Past Twelve (12) Months?

PLEASE INDICATE (N/A) If Not Applicable

SOURCE OF INCOME	Name of Family member	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 Department of Veteran Affairs			
Old Age Security			
Canada Pension (Retirement, Widow & Orphan Benefits)			
Guaranteed Income Supplement			
Alberta Income supplement			
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.

20. Employment History

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	

21. 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.

THE INFORMATION PROVIDED PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

I understand that this application does not constitute an agreement on the part of **Barrhead & District Social Housing Association**, or its agents, to provide me with rental accommodation. I further acknowledge the right of **Barrhead & District Social Housing Association**, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied, 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 **Barrhead & District Social Housing Association**, 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 **Barrhead & District Social Housing Association**, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

1. That the statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects;
2. That I/we have resided in the Province of Alberta _____ years of my/our life /lives and in the district for _____ years;
3. That I/we am/are the applicant(s) named in the said application;

And I/we 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.”

PROVINCE OF ALBERTA)
TO WIT:)

IN THE MATTER OF THIS APPLICATION FOR
SOCIAL HOUSING ACCOMMODATION

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

Declared before me
at the town of Barrhead
in the Province of Alberta, Canada
this ____ day of _____, 20__

Signature of Applicant One

Signature of Applicant Two

A Commissioner for Oaths in the Province of Alberta

Printed Name of Commissioner for Oaths

My appointment expires on _____
D/M/Y

TUBERCULOSIS QUESTIONNAIRE

Have you ever had tuberculosis?	YES	NO
Do you have any of the following symptoms?	YES	NO
• 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.