**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 | $35,500 | $34,000 |
| 2-bedroom | $40,000 | $43,000 |
| 3-bedroom | $43,500 | $49,000 |
| 4-bedroom | $54,000 | $58,000 |

**Please Note:**

You are eligible for Social Housing Accommodation if your household:

1. is in core housing need;
2. 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;

1. has a total asset\* value of $7,000 or less.

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

1. necessary clothing;
2. furniture, household furnishings and household appliances of reasonable value;
3. one tractor, if it is required for agricultural purposes if for the trade or calling of the individual;
4. the equity in one or more motor vehicles to an amount not exceeding $4,000;
5. 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);
6. assets in pension funds, registered retirement savings plans, or registered retirement funds;
7. the books of a professional individual required in that individual’s profession;
8. 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.

**APPLICATION FOR ACCOMMODATION – SOCIAL HOUSING**

**(CONFIDENTIAL)**

# PLEASE PRINT

**NOTE:** **PLEASE ANSWER ALL QUESTIONS**

1. **Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

**Home Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alberta Health Care No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DL #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Present Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(P.O. Box / Apartment No. / Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Municipality) (Postal Code)

**3. Present accommodation:**

House ⁭ Townhouse ⁭ Apartment ⁭ Rooming House ⁭ Hotel or Motel ⁭ Other ⁭

1. **Number of rooms in your present accommodation:**

Kitchen \_\_\_\_\_\_\_\_ Living Room \_\_\_\_\_\_\_ Dining Room \_\_\_\_\_\_\_\_ Bedrooms \_\_\_\_\_\_\_ Bathrooms \_\_\_\_\_\_\_

**5. Present Rent**

$ \_\_\_\_\_\_\_\_\_ per month, plus $ \_\_\_\_\_\_ for heat, $ \_\_\_\_\_\_ for power, and $ \_\_\_\_\_\_\_ for water and sewer.

**6. Marital Status:**

Married ⁭ Widowed ⁭ Single ⁭ Divorced ⁭ Separated ⁭ Common-law ⁭

## **If Common-law or Separated, state how long** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.** 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** |
|  |  |  |  |  |
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**Is a baby expected?** No \_\_\_\_ Yes \_\_\_\_ If yes, give estimated due date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Spouse’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

**Alberta Health Care No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.L#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Are all members listed above Canadian Citizens?** No ⁭ Yes ⁭

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

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle Information** | **Year** | **Make** | **Model** | **Colour** | **Plate #** |
| Vehicle # 1 |  |  |  |  |  |
| Vehicle # 2 |  |  |  |  |  |
| Vehicle # 3 |  |  |  |  |  |

**17.**

**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** |
| STUDENT GRANTS / **ALLOWANCE** |  |  |  |
| 1. **UNEMPLOYMENT**   **INSURANCE** |  |  |  |
| 1. **WORKER’S**   **COMPENSATION** |  |  |  |
| 1. **SOCIAL ASSISTANCE**   **(Don’t Include Child Tax Credit)** |  |  |  |
| 1. **CHILD SUPPORT /ALIMONY**   **Voluntary Or Court Award** |  |  |  |
| **F. OTHER INCOME**  **(Tips, Interest, Royalties, Etc.** |  |  |  |
| 1. **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** |  |  |  |
| 1. **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**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** |
|  |  |  |  |  |  |
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**Other Household Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Insurance No.** \_\_\_\_/\_\_\_\_\_/\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Address** | **Employed** | | **Rate of Pay** | | **Hours**  **Per** Week |  |
| **From** | **To** | **Gross**  **Monthly** | **Hourly** |
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**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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) IN THE MATTER OF THIS APPLICATION FOR TO WIT:) 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 **Signature of Applicant One**

in the Province of Alberta, Canada

this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Two**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Commissioner for Oaths in the Province of Alberta

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My appointment expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Commissioner for Oaths**  D/M/Y

**TUBERCULOSIS QUESTIONAIRE**

Have you ever had tuberculosis? YES NO

Do you have any of the following symptoms? YES NO

* Productive cough (coughing up phlegm) YES NO

for more than 4 weeks?

* 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.