

**APPLICATION FORM  
(CONFIDENTIAL)**

INSTRUCTIONS FOR COMPLETING APPLICATION

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:

You will be required to provide the following:

- The Canada Customs and Revenue Agency – Notice of Assessment for the tax year most recently ended. This will be required for all household occupants over the age of fifteen currently receiving an income from any source.
- 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.
- If you or any member of your family is receiving Unemployment Insurance, Workers Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit and the breakdown of the specific shelter and utility components.
- Documentation to verify all other sources of income (other than Family allowance) i.e. child support, oil royalties etc.
- A copy of your most recent pay cheques, benefit cheques, pension cheques etc. or a stub from these for each member of your family receiving income from any source, representing the last three months, or twelve weeks of employment.
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time student. This is required for household head, spouse and all dependents over the age of fifteen years.

Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta.

In order for you to obtain the information we require, your application will be held two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled. Your application can be reactivated at any time in the following 12 months.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS  
ALL QUESTIONS ARE FULLY ANSWERED

If a translator was required to complete this application, please provide their name and telephone number.

\_\_\_\_\_  
Translator's Name

\_\_\_\_\_  
Telephone Number

.....  
**HOUSING AUTHORITY USE ONLY**

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

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

NOTE: PLEASE ANSWER **ALL** QUESTIONS

1. Applicant's Name: \_\_\_\_\_  
(Last) (First)

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

2. Spouse's Name: \_\_\_\_\_  
(Last) (First)

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

3. Marital Status:  Married  Widowed  Single  
 Divorced  Separated  Common Law

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

4. List all persons, including yourself, who will be living with you should the application be approved.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	OCCUPATION

Is a baby expected? Yes  No

If yes, give estimated due date: \_\_\_\_\_

5. Are all members listed above Canadian Citizens? Yes  No

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

6. Present Address: \_\_\_\_\_  
\_\_\_\_\_

7. Do you own or rent your present accommodation? Own  No

8. Present rent or house payment is \$ \_\_\_\_\_ per month, plus \$ \_\_\_\_\_ for  
heat \$ \_\_\_\_\_ for power and \$ \_\_\_\_\_ for water and sewer.

9. Is your present accommodation a: House  Townhouse  Apartment  Other

10. Rooms in your present accommodation: Kitchen  Living Room  Dining Room

Number of Bathrooms: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

11. What kind of accommodation are you looking for: 3 bedrooms

4 bedrooms

5 bedrooms

12. Is any member of your family physically handicapped? Yes  No

13. Do you have a pet? Yes  No

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

14. Reasons for you wanting to move to this Cooperative? \_\_\_\_\_

15. How are you going to contribute to this Cooperative? \_\_\_\_\_

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

16. If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.

17. 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	FROM	TO	GROSS MONTHLY	HOURLY	HOURS PER WEEK

Co-Applicant or Spouse: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

COMPANY	ADDRESS	FROM	TO	GROSS MONTHLY	HOURLY	HOURS PER WEEK

Other Household Member: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

COMPANY	ADDRESS	FROM	TO	GROSS MONTHLY	HOURLY	HOURS PER WEEK

Other Household Member: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

COMPANY	ADDRESS	FROM	TO	GROSS MONTHLY	HOURLY	HOURS PER WEEK

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

18. Assets:

Cash, Investment, Bonds: Registered \_\_\_\_\_

\_\_\_\_\_

Cash, Investment, Bonds: Unregistered \_\_\_\_\_

\_\_\_\_\_

Vehicle(s):

Year	Make/Model	Purchase Price	Finance/Lease	Current Equity

Other assets (tools, household possessions, jewellery): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this application does not constitute an agreement on the part of the Housing Cooperative to provide me with accommodation.

I further acknowledge the right of the Housing Cooperative, at any time prior to the execution and delivery to me of membership and right of occupancy hereby applied for, 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 the Housing Cooperative to investigate any or all of the statement 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 to the Housing Cooperative in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Co-Applicant

DOMINION OF CANADA )  
PROVINCE OF ALBERTA )  
TO WIT: ) IN THE MATTER OF THIS APPLICATION FOR DWELLING  
ACCOMMODATION IN THE HOUSING PROJECT

I/We \_\_\_\_\_, of the  
City of \_\_\_\_\_, in the province of Alberta, do solemnly declare as follows:

1. That I/We am/are the applicant(s) named in the said application:
2. 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;
3. That I/We have resided in the Province of Alberta \_\_\_ years of my/our life/lives and in the district for \_\_\_\_\_ years;

And I/We make this solemn Declaration conscientiously believing it is to be the true knowing that it is of the same force and effect as if made under Oath and virtue of the "Canada Evidence Act".

Declare before me )  
At the City of \_\_\_\_\_ )  
In the Province of Alberta )  
This \_\_\_\_\_ day of \_\_\_\_\_ )

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
Printed Name of Commissioner for Oaths

My Appointment expires on \_\_\_\_\_