

**APPLICATION FOR ACCOMMODATION – COMMUNITY HOUSING  
(CONFIDENTIAL)**

PLEASE READ CAREFULLY

**INSTRUCTION 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:

- 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 Employment Insurance, Workers' Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit.
- 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 cheque, benefit cheque, pension cheque, etc. or a stub from these for **each member** of your family receiving income from any source.
- If you are a student, a letter from the registrar of your school verifying your registration as a full-time or part-time student. This is required for household head, spouse, and all dependents over the age of eighteen years.
- A copy of your valid Alberta Health Card.

Your completed application must be signed in the presence of a Commissioner of Oaths in and for the Province of Alberta. This service is provided at our office without charge.

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

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

**FOR USE BY THE LACOMBE FOUNDATION ONLY**

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

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

FOIP Disclaimer: This personal information is being collected under the Authority of the Alberta Social Housing Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Lacombe Foundation Office at (403) 782-3811.

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PLEASE PRINT

NOTE: PLEASE ANSWER **ALL** QUESTIONS Today's Date \_\_\_\_\_

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

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

Alberta Health Care No. \_\_\_\_\_

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

Alberta Health Care No. \_\_\_\_\_

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 your application be approved.

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE DAY/MO/YR	OCCUPATION SCHOOL GRADE

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

5. Are all members listed above Canadian Citizens? No Yes  
If no, provide copies of immigration papers for members who are not Canadian Citizens.

6. Present Address: \_\_\_\_\_  
(P.O. Box / Apartment No. / Street)

\_\_\_\_\_  
(Municipality) (Postal Code)



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14. 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 _____		Employed		Rate of Pay		Hours Per Week
Social Ins. No. _____ - _____ - _____		From	To	Gross Monthly	Hourly	
Company	Address					

WHEN DID YOUR SPOUSE LAST WORK? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Co-Applicant: _____		Employed		Rate of Pay		Hours Per Week
Social Ins. No. _____ - _____ - _____		From	To	Gross Monthly	Hourly	
Company	Address					

Other: _____		Employed		Rate of Pay		Hours Per Week
Social Ins. No. _____ - _____ - _____		From	To	Gross Monthly	Hourly	
Company	Address					

Other: _____		Employed		Rate of Pay		Hours Per Week
Social Ins. No. _____ - _____ - _____		From	To	Gross Monthly	Hourly	
Company	Address					

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14. HAVE YOU RECEIVED ANY OTHER SOURCES OF INCOME IN THE PAST TWELVE (12) MONTHS? (PLEASE INDICATE IF NOT APPLICABLE – N/A)

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

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





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

My Appointment expires on \_\_\_\_\_  
Day/Mo/Yr