#### 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 parttime 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.

PLEASE PRINT

NOTE:	PLEASE ANSWER <u>ALL</u>	QUESTIONS	Тос	lay'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 Separa	ted, state how long	3		

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)

7.	Do you own or rent	your present accommodation	n? Own	Rent	
	Present rent or hou	se payment is \$	per month, plus	\$ fo	r heat,
	\$	for light, and \$	for water and se	wer.	
8.	If renting, name of	present landlord:			
		address:			
	te	lephone number:			
9.	Is your present acco	ommodation a: House ' Rooming Hou			
		Other			
10.	Rooms in your pres	ent accommodation: Kitche Numbe		Dining Room Number of Bedrooms	
11.	Do you share any p	art of the accommodation with	th person(s) other than	those listed in question #	ŧ4?
	No Yes I	f yes, how many other person	s? Number of Adults	Number of Childr	en
	What part of	f this accommodation is share	ed?		
12.	Is any member of y	our family physically handica	apped? No Yes		
	If yes, specify				
	Do you require a ha	andicapped unit? No Yes			
13.	Do you have a pet? If yes, what kind(s)	No Yes and how many of each?			
14.	Reason for wanting If you have been gi eviction.	to move: ven a "NOTICE TO VACAT	È", please submit a co	opy of the notice stating t	he reason for
	ASSETS Cash on Hand \$	Cash in Bank Acco	unt \$Mort	gage(s) \$	
		tual Funds, etc. \$ personal and household effe			
14.	DRIVER'S LICEN	SE NUMBER:	Drovinco	Spouse/Co-Applicant	Province
	Q. N	**			
		Make			
	Colour	License Plate Number	Pr	ovince	

### 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 Social Ins. No		Emp	loyed	Rate	of Pay	Hours Per Week
Company	Address	From	То	Gross Monthly	Hourly	

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

Co-Applicant:		Emp	loyed	Rate	of Pay	Hours Per
Social Ins. No						Week
Company	Address	From	То	Gross Monthly	Hourly	

Other: Social Ins. No		Employed		Rate of Pay		Hours Per Week
Company A	Address	From	То	Gross Monthly	Hourly	

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

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

SO	URCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO	GROSS MONTHLY INCOME
А.	STUDENT GRANTS/ ALLOWANCE			
В.	EMPLOYMENT INSURANCE			
C.	WORKERS' COMPENSATION			
D.	SOCIAL ASSISTANCE (Don't Include Family Allowance)			
E.	CHILD SUPPORT/ ALIMONY – Voluntary Or Court Award			
F.	OTHER INCOME (Tips, Interest, Royalties, Etc.)			
G.	PENSIONS: DEPARTMENT 1. DEPARTMENT OF VETERANS 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			
Н.	INCOME FROM SELF EMPLOYMENT			

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

14. Please feel free to describe your present accommodation and any information you would like the Lacombe Foundation to be aware of. This space is provided for you to explain your reasons for applying for Community Housing, and will assist us in the approval of your application.



#### DECLARATION

I understand that this application does not constitute an agreement on the part of the Lacombe Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the Lacombe Foundation, or its agents, at any time prior to the execution and delivery to me of a lease 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 further agree that I am obligated to advise the Lacombe Foundation, 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 the Lacombe Foundation, or its agents, 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	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
Of	, In the Province of Alberta, do solemnly declare follows:
1. That I/we am/are the applicant	t(s) named in the said application;
2. That the statements made by n and belief, full and true in all n	ne/us in the said application are to the best of my/our knowledge, information respects;
3. That I/we have resided in the I for years.	Province of Alberta years of my/our life/lives and in the district
	n conscientiously believing it to be true and knowing that it is of the same and by virtue of the "Canada Evidence Act."
Declared before me At the of In the Province of Alberta This day of	)
uay 01	Signature of Applicant

A Commissioner for Oaths in the Province of Alberta

Printed Name of Commissioner for Oaths

My Appointment expires on \_

Day/Mo/Yr