

**HOUSING PROGRAM
APPLICATION FOR ACCOMMODATION
(Confidential)**

Carefully read entire application, complete all questions and supply required documentation. If a question does not apply to you, mark N/A in the section. Your completed application must be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office free of charge, please call (780) 414-6300 to make an appointment.

Your completed application must include the following:

- Proof of Income (Complete cheque stub from AISH, CPP, employment etc.)**
- Letter of Support from a Community Professional (Form attached)**
- Letter of Reference from Previous Landlord (Form attached)**
- Rent Receipt / Rent Increase Notice / Notice to Vacate**
- Photocopy of Personal Health Card (Alberta Health Care Card).**
- Application needs to be signed in front of a Commissioner for Oath**

PLEASE NOTE: INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED.

ATIA & POPA - In accordance with the Access to Information Act and Protection of Privacy Act, the information in this application has been collected in order to determine eligibility for the CMHA - Edmonton Housing Program. If you have any questions about the collection, contact the Manager, Housing Services at the above address or at (780) 414-6300.

Accessibility - The agency has a limited number of wheelchair accessible units available, in one building. Please indicate any mobility issues on your application form.

Pets - CMHA - Edmonton allows for only one cat or two birds or one small, caged mammal, or an aquarium not bigger than 15 gallons will be allowed per tenant in an apartment. One dog weighing less than 15 lbs. will be allowed, this includes emotional support animals and service animals, as listed above.

Age - All applicants must be at least 18 years of age.

Disclaimer - I authorize the Department of Seniors, Community and Social Services to collect my personal information directly from Canadian Mental Health Association- Edmonton Region for the purpose of administering provincially funded affordable housing programs.

NOTE: PLEASE ANSWER ALL QUESTIONS

1. **Applicant's Name:** _____
(Last) (First)

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____
(P.O. Box / Apt. Number, Street)

(City) (Postal Code)

2. **Can we contact you by:** home phone email cell phone text (please check all that apply)

3. **Please state your illness/disability:** _____

4. **Marital Status:**

Married Widowed Single Divorced Separated Common-law

5. 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? Yes No If yes, give estimated due date: _____

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

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

7. **Is your present accommodation a:** House Townhouse Apartment Rooming House Hotel/ Motel Shelter/Hostel Other _____

Is your place unsafe? (ie. Broken doors & windows, vandalism, theft etc.) If yes, please state the problem:

Does your place cause health problems for you? (i.e. Is there too much pollution or noise, availability of mental health services in your area etc.) If yes, describe the issue

8. **Do you own or rent your present accommodation?** Own Rent

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

9. **If renting, name of present landlord:** _____

Address: _____ Telephone # _____

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

Number of bathrooms: _____ Number of bedrooms: _____

11. **Do you share any part of the accommodation** with person(s) other than those listed in question #4?

Yes No

If yes, how many other persons? _____ # of adults: _____ # of children: _____

What part of the accommodation is shared: _____

If you do not pay rent, do you contribute financially? Yes No

If yes, specify: _____

12. **Do you have a pet?** Yes No

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

13. **Do you have any mobility issues?**

If yes, do you require the use of the following: Walker Wheelchair

14. **Reasons for wanting to move:** _____

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

15. **Describe your present accommodation and situation.** This space is provided for you to explain your reasons for applying for housing and will assist us in the approval of your application. You may attach another sheet of paper, if you wish to provide additional information.

16. **Do you own a car?** Yes No Year: _____ Make: _____ Model: _____

17. **Do you receive a direct to tenant rent subsidy?** Yes No \$ _____

18. **Assets** - Essential personal and household effects such as clothes and furniture are **not** included in assets.

Cash on hand \$ _____ Cash in bank account \$ _____

Stocks, bonds, mutual funds, (etc.) \$ _____ Mortgage \$ _____

RSP / Pension \$ _____ Any other assets \$ _____

19. STATEMENT OF INCOME

All information regarding your family's income must be complete and accurate. Provide details of current employment held in the last twelve- (12) months beginning with the most recent employer.

Applicant Name: _____ **Social Insurance #** ____/____/____

Company	Address	Employed		Rate of Pay		Hour
		From	To	Gross	Hour	

Co-Applicant or Spouse: _____ **Social Insurance #** ____/____/____

Company	Address	Employed		Rate of Pay		Hour
		From	To	Gross	Hour	

20. Have you received any other sources of income in the past twelve (12) months? If yes, please provide details below.
If no, please indicate not applicable - N/A.

Source of Income	Name of Family Member in Receipt	Date From / To	Gross Monthly Income
AISH			
Canada Pension (Retirement, Widow, and/or Disability Benefits)			
Income Support / Alberta Works			
Employment Insurance			
Workers Compensation			
Child Tax Benefit			
Family Employment Tax Credit			
GST Rebate			
Other Income (Tips, Interest, Royalties, etc.)			
Student Grants / Loans/AB Works Learners			
Old Age Security			
Child / Spousal Support			
Guaranteed Income Supplement			
Alberta Seniors Benefit			
Company / Group Pensions			
Self-Employment			

I understand that this application does not constitute an agreement on the part of Canadian Mental Health Association – Edmonton Region or its agents, to provide me with rental accommodation.

I further acknowledge the right of Canadian Mental Health Association - Edmonton Region or its agents, 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 hereby authorize Canadian Mental Health Association - Edmonton Region or its agents, to investigate any or all of the statements made herein to obtain further information or clarify provided information in order to determine eligibility. I understand that if any false statements are discovered this shall cancel any further consideration of my application.

I further agree that I am obligated to advise Canadian Mental Health Association - Edmonton Region or its agents, in writing, of any changes in family composition, gross family income, assets, employment 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 WITNESS)

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 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".

Declared before me, _____,

in the city of _____,)

in the Province of Alberta, this _____ day of _____)

_____, 20 _____)

Signature of Applicant

A Commissioner for Oaths in the Province of Alberta



LETTER OF REFERENCE FROM PREVIOUS LANDLORD

Applicant Name: _____ **Date:** _____

Landlords Name: _____ **Phone #** _____

Please comment on each of the following areas

1. Length of tenancy: _____

2. Current rent per month: _____

3. Is the rent paid on time? _____

4. Have there been any past issues or concerns (i.e., Noise complaints, ability to get along with other tenants etc.)

Signature of Landlord: _____



LETTER OF SUPPORT FROM COMMUNITY PROFESSIONAL

Applicant Name: _____ Date: _____

Community Professional Name: _____

Agency: _____ Phone # _____

Will you remain involved as a support? Yes No

Please comment on each of the following areas in regard to the suitability of the above applicant for independent housing.

1. **Does this applicant have the skills to live independently? (Independence in cooking, cleaning, hygiene, money and laundry)**

2. **How would you describe this individual's mental health? (Stability, medication management)**

3. **Is this applicant's current housing detrimental to their mental health?**

4. **What supports does this applicant have in the community? (Professional, personal)**

5. **Any special issues (alcohol, drug abuse, physical abuse etc.) that we should be aware of?**

Signature of Community Professional _____