

# Heart River Housing - SSC

## THIS SECTION IS FOR OFFICE USE ONLY

**HOUSING MANAGERS:** As soon as a unit has been assigned please complete this section and fax this page only to central office.

**Move In Date:** \_\_\_\_\_ **Monthly Rent** \$ \_\_\_\_\_  
**Unit Address:** \_\_\_\_\_ **Other Charges** \$ \_\_\_\_\_  
**Location Preference:** \_\_\_\_\_ **Point Score:** \_\_\_\_\_

## APPLICATION FOR ACCOMMODATION - SENIOR CITIZENS

(CONFIDENTIAL)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

Application Date \_\_\_\_\_

1. **Applicant's Name** \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
 Alberta Personal Health No. \_\_\_\_\_ Treaty No. (if applicable) \_\_\_\_\_
2. **Co-Applicant's Name** \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
 Alberta Personal Health No. \_\_\_\_\_ Treaty No. (if applicable) \_\_\_\_\_
3. **Present Mailing Address** \_\_\_\_\_  
 Home Telephone No. \_\_\_\_\_
4. **Name, address, telephone number and relationship of responsible relative, friend or Guardian to be notified in case of emergency:** \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
5. **Do you have a Will?** \_\_\_\_\_  
 Executor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_
6. **If you are receiving Social Assistance, please state the name and office address of your Social Worker** \_\_\_\_\_
7. **Income - must be verified upon acceptance as a tenant.**

	Applicant	Co-Applicant
Line 150 of Income Tax Return	\$ _____	\$ _____
RRSP, RRIF, Annuity income included above	_____	_____
8. **Do you own or rent your present accommodation?** \_\_\_\_\_  
 How much is your monthly house payment or monthly rent? \_\_\_\_\_  
 How much do you pay each month for electricity? \_\_\_\_\_ heat, water and sewer \_\_\_\_\_
9. **If you are renting, name your Landlord** \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
10. **Describe your present accommodations (eg. house, apartment, rooming house, room & board, other)** \_\_\_\_\_  
 If you live in an apartment, does the apartment building have an elevator? \_\_\_\_\_
11. **Does your present accommodation have a kitchen?** \_\_\_\_\_ **living room** \_\_\_\_\_  
 bathroom \_\_\_\_\_ how many bedrooms \_\_\_\_\_
12. **How many people share your present accommodations?** \_\_\_\_\_ **Adults** \_\_\_\_\_ **Children** \_\_\_\_\_
13. **Do you/co-applicant require accommodation adapted for a special need (eg. wheel chair accessibility, etc.)?** \_\_\_\_\_  
 Family Doctor's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
14. **Do you share the use of the kitchen, bathroom, or your bedroom?** \_\_\_\_\_  
 If yes, Number of persons sharing the kitchen \_\_\_\_\_  
 Number of persons sharing the bathroom \_\_\_\_\_  
 Number of persons sharing the bedroom \_\_\_\_\_

**15. Do you have a pet?**  
 If YES, please give describe what kind and how many.

---

**16. What are your reasons for wanting to move?**  
 If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for the eviciton.

---

**17. Other related information you may wish to provide:**

---



---



---



---



---



---



---



---



---



---



---



---

I understand this is just an application and it is not an agreement on the part of Heart River Housing, or its agents to provide me with rental accommodation.

I further acknowledge the right of Heart River Housing, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Heart River Housing, or its agents to investigate any or all of the statements made by me in this application, 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 Heart River Housing, or its agents in writing of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

*This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to section 32(c) of the FOIPP Act. For more information contact Heart River Housing Administrator, Box 909, High Prairie, AB T0G 1E0, (780)523-5282*

\_\_\_\_\_  
 Witness - Administration

\_\_\_\_\_  
 Signature of Applicant

**STATUTORY DECLARATION**

Canada) Province of Alberta) In the matter of this application for dwelling accommodation

I, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of ALBERTA, do solemnly declare as follows:

- 1. That I am the applicant on the said application
- 2. That the statements made in the said application are full and true in all respects.

And I 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 by virtue of the "Canada Evidence Act".

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 A Commissioner for Oaths in and for the Province of Alberta whose commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Printed Name of Commissioner For Oaths