



Heart River Housing

Documentation Checklist - Family Housing Applications will only be processed when the application is complete and ALL paperwork has been received by Heart River Housing Managers.

Identification:

Adults - 2 Pieces for Each (Photo ID plus one other)

For EACH Dependent - Birth Certificate or Alberta Personal Health Card

Tax Return: Complete copy of the previous year

Lease/Proof of Residence: Current lease agreement, rent receipt, damage deposit receipt, utility bill receipt

Eviction Notice: If you have been evicted, provide a copy of the eviction notice.

ALL Court Documents: Court Orders, Child Custody, Maintenance, Guardianship, etc.

School Letter: Verifying enrollment and attendance of adult students

ALL Sources of Income:

Two (2) months' current pay stubs or Letter of Employment/Income Verification Form

Notice of Eligibility or Monthly Payment Notice for income from ANY government program

APPLICATION FOR ACCOMMODATION - FAMILY HOUSING

~ Kinuso ~ Faust ~ Grouard ~ Enilda ~ High Prairie ~ McLennan ~ Falher ~ Girouxville ~ Valleyview ~ Fox Creek ~

P.O. BOX 909, HIGH PRAIRIE, AB, T0G 1E0
PHONE 780-523-5282 FAX 780-523-5283

P.O. BOX 537, FALHER, AB, T0H 1M0
PHONE 780-837-0695 FAX 780-837-8379

P.O. BOX 610, FOX CREEK, AB, T0H 1P0
PHONE 780-622-5727 FAX 780-622-3738

P.O. BOX 1110, VALLEYVIEW, AB, T0H 3N0
PHONE 780-524-5554 FAX 780-524-5556

Applicant's Name:

Date of Birth:

Social Insurance #:

Co-Applicant's Name:

Date of Birth:

Social Insurance #:

Current Mailing Address:

Primary Phone #:

Other Phone #:

Email Address(es):

Emergency Contact Name:

Relationship to Applicant:

Email Address:

Phone #(s):

Marital Status - Please circle one: Single Married Common-Law Separated Divorced

If Common-Law, please state how long:

Members of Household - List all persons who will be residing with you:

Last Name	First Name	Relationship	Date of Birth	Social Insurance #

Is a baby expected? No Yes

Due Date:

Are all members of the household Canadian citizens? Yes No Temp Permanent

Does anyone in your household identify as any of the following: Indigenous, peoples with disabilities, individuals fleeing violence, at risk of homelessness or transitioning out of homeless supports, people dealing with mental health and/or addiction, youth exiting government care, veterans, recent immigrants or refugees, racialized groups, people who identify with diverse concepts of sexualization, gender identity and expression such as LGBTQ, etc? Yes _____ No _____

Present Accommodations - Please circle one:					
House	Trailer	Apartment	Duplex	Other (Specify)	
Civic Address of Accommodations:					
Have you or the co-applicant previously lived in low-income or subsidized social housing?					
If Yes, where and when?			Any rental arrears owing?		
Provide the contact information for current landlord or family/friend that you reside with.					
Name:			Phone #:		
Mailing Address or Email Address:					
How long have you resided at your present address?					
How many Bedrooms?			How many Bathrooms?		
If you do not pay rent, do you contribute financially?					
Specify how:					
Average monthly cost of utilities (heat, water & sewer, electricity) paid:					
Comments:					
Do you share any part of your present accommodations with other family/friends?					
Number of Adults?			Number of Children?		
Number of girls over 5 years of age?			Number of boys over 5 years of age?		
Statement of Income for any and all applicants over 22 years of age:					
This includes ANY form of income including Employment, AISH, Pension, etc.					
Household Member	Income Source	Start Date	End Date	Hours /Week	Gross Monthly Total
What is your present monthly rent or house payment?					
Does any household member have any ownership interest in a business or real estate property?					
If Yes, please provide details:					
Do you have total household assets over \$25,000.00? includes all belongings, trust funds, savings, etc.					
If Yes, please provide details:					

Provide the information on ALL vehicles (including ATVs, motor bikes, snowmobiles, boats, etc.)

Make / Model	Year	License Plate	Lease / Own

Please provide the names of two (2) people (previous landlords or employers) that we may contact for a reference:

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

Have you been served with a Notice to Vacate (eviction notice) in the last 12 months?

If Yes, please attach a copy.

Please summarize your circumstances for wanting to reside in social housing through Heart River Housing such as the condition of your present accommodations or special family circumstances.

NO PETS ALLOWED

THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL REQUESTED DOCUMENTS HAVE BEEN PROVIDED AND AN INTERVIEW WITH THE HOUSING MANAGER IS COMPLETED.

DO NOT fill out this page until your interview with a Housing Manager.

For more information, contact Heart River Housing Administrator, P.O. Box 909, High Prairie, Alberta, T0G 1E0, 780-523-5282. Many employers and agencies (Alberta Works, Employment Insurance, etc.) will not release information without written consent from the employee or recipient. We, therefore, request the following to be signed by all persons over 18 years of age.

I/We authorize:

- Heart River Housing (hereinafter referred to as HRH), or its designate, to verify all information provided relating to this Application and any future information provided throughout the entire tenancy period. This may include, but is not limited to, all federal, provincial, or municipal departments or offices, social support agencies, boards, interpreter(s), credit bureaus, financial institutions, landlords or past or current employers.
- HRH, or its designate, to release and exchange any information and documents, including personal information by and between HRH and such other authorities as, but not limited to, all federal, provincial and municipal departments or offices, social support agencies, boards, interpreter(s), credit bureaus, financial institutions, landlords, or past or current employers.
- the parties/agencies noted in the previous paragraph to release the same such information to HRH.
- HRH to obtain information from any person or agency for the purpose of audit or verification of my/our family income or circumstances.

I/We declare that:

- all information given herein and herewith is true and complete in all respects.

I/We agree to:

- notify HRH in writing, of all changes to my/our financial or family circumstances from this day forward as changes occur.
- continue with support services currently established or being established by a shelter or any social support agency or hospital/medical support service, until such time as the shelter, agency or support services deems this service is no longer practical or required.

I/We understand that:

- all information provided herein or in the future is subject to audit. Failure to provide information requested for auditing purposes will result in cancellation of the application or termination of the tenancy.
- this Application does not constitute an agreement on the part of HRH or its agents to provide me/us with rental accommodation.
- HRH may withdraw, revoke or cancel my application for housing without penalty or liability for damage or otherwise, any acceptance or approval of this application previously made or given.

The above Statements and the Authorization Statements on this page were read by the Agent of Heart River Housing to the Applicant(s) and understood by the Applicant(s).

Witness - Administration

Signature of Applicant

Witness - Administration

Signature of Co-Applicant

Date