



The Evergreens Foundation Application for Accommodation

Social Housing

(Confidential)

This Application CANNOT be processed unless ALL questions are fully answered.

Complete ALL questions supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Please provide us with the following:

- If you or any member of your family is receiving Unemployment Insurance, Worker’s Compensation or Social Assistance, a letter from the appropriate official must be attached verifying the amount of the benefit. (Social Assistance Verification Form – Page 6)
- Documentation to verify all other sources of income i.e. child support, oil royalties, child tax benefits, 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 applicants, co-applicants and all dependents over the age of eighteen years.
- Copies of all applicants’ Personal Health Care Cards

The completed application must be signed in the presence of a Commissioner for Oaths (page 7).

Residency Requirement: Applicants must have lived within The Evergreens Foundation’s boundaries for 6 months prior to application.

If a translator was required to complete this application, provide their name and telephone number.

Translator’s Name

Telephone Number

For The Evergreens Foundation Use only:

Name: _____ Date Received: _____

<p>Applications can be submitted to the following locations: Vivian Williams – Heritage Court #109, 5238-5th Ave Edson, AB T7E 1R6 Ph: 780-723-7117 Fax: 780-712-7457</p>	<p>The Evergreens Foundation Head Office 101 Athabasca Ave Hinton, AB T7V 2A4 Ph: 780-865-5444 Fax: 780-865-4501</p>	<p>Sandra Gallimore Lion’s Sunset Manor 110 West Jasper St. Hinton, AB T7V 1X2 Ph: 780-865-4762 Fax: 780-865-4764</p>	<p>Deborah Bonham- P O Box 365 5220 49st Evansburg, AB TOE 0T0 Ph: 780-727-2613 Fax: 780-727-2029</p>
---	--	---	---



PLEASE PRINT

Applicant's Name: _____
(Last) (First) (Birthdate DD/MM/YY)

Phone Number: _____

Co-Applicant's Name: _____
(Last) (First) (Birthdate DD/MM/YY)

Present Address: _____
(P.O. Box/ Apartment #/ Street)

_____ (Municipality) (Postal Code)

Marital Status:
Married Single Common-law Separated Divorced Widowed

List All Persons who will be living with you should your application be approved.

First Name	Last Name	Relationship to Applicant	Birthdate D/M/Y	Occupation/School Grade



Is a baby expected? YES NO

If yes, please provide the estimated due date: _____

Are all members listed above Canadian Citizens or Permanent Residents? YES NO

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

Do you own or rent your present accommodation? OWN RENT

Present rent/house payment \$ _____ Heat \$ _____

Electricity \$ _____ Water/sewer \$ _____

Name of present landlord: _____

Address: _____

Phone: _____

If less than two years at present address, please list previous landlord (s)

Name of previous landlord: _____

Address: _____

Phone: _____

Please provide us with the authority to contact your present/previous landlords for a reference _____

(Applicant's Initials)

Present Accommodation: House Townhouse Apartment Rooming House

Hotel/Motel Other : _____

Rooms in your present accommodation: Kitchen Living Room Dining Room

of Bathrooms _____ # of Bedrooms _____

Do you share your accommodation with any person (s) other than listed above?

NO YES

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 _____

Is any member of your family disabled? YES NO

If yes, please specify _____



Do you require an accessible unit? YES NO

Have you ever been a recipient of subsidized housing? YES NO

If yes, when? _____ If yes, where? _____

Statement of Income

Note: Information regarding family income must be completed and accurate. Include details of all employment held over the last twelve (12) months (beginning with the most recent employer).

Applicant Name: _____

Company	Address	Date of Employment From/To	Rate of Pay Hourly/Monthly (gross)	Hours per Week

Co-Applicant/Spouse: _____

Company	Address	Date of Employment From/To	Rate of Pay Hourly/Monthly (gross)	Hours per Week



Other Household Member: _____

Company	Address	Date of Employment From/To	Rate of Pay Hourly/Monthly (gross)	Hours per Week

May we contact your present/previous employers for reference? YES NO

Sources of Income in the past 12 months (Write N/A if not applicable)

Source of Income	Name of Family Member	Date From/To	Gross Monthly Income
Student Grants/Allowance			
Unemployment Insurance			
Worker's Compensation			
Social Assistance/Income Support (Family Allowance not included)			
Child Support/Alimony			
Other Income (Tips, interest, etc.)			
Department of Veteran Affairs			
Old Age Security			
Canada Pension			
Guaranteed Income Supplement			
Alberta Income Supplement			
Company or Group Pension			
Income from Self Employment			

Details of the self-employment must be outlined by the submission of a financial statement subject to review by the housing authority.



Social Assistance Verification Form

Please send the completed form to:

Vivian Williams (Social Housing Manager)

Ph: 780-723-7117

Fax: 780-712-7457 email: edson.sh@theegf.com

I, _____, authorize Alberta Supports to provide the following information to The Evergreens Foundation.

Signature

For use by the Applicant's Support Worker, please ensure **all** questions are answered completely

Type of Assistance (please check one):

Assured Income for the Severely Handicapped

Income Supports

Is this individual on short-term or long-term assistance? (please explain)

Short-term

Long-term

Family Composition: # _____ Adults # _____ Dependents

Rental Payments are developed in co-operation with Alberta Supports

Please provide the following:

Total Income Support Amount: \$ _____ Total Core Shelter Amount: \$ _____

Will this rent amount have the effect of cancelling Social Assistance? YES NO

Amount of Assistance presently being paid: \$ _____ Third Party Landlord? YES NO

Please provide any additional information that would be helpful in determining if this client requires improved or special housing. _____

Signature

Date

Phone Number



Applicants Acknowledgement

I understand that this is an application for accommodation and not an agreement on the part of The Evergreens Foundation to provide me with rental accommodation.

I further acknowledge the right of The Evergreens Foundation, 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 The Evergreens Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application.

I further agree that I am obligated to advise The Evergreens Foundation, in writing, of any changes in family composition, gross family composition, gross family income, assets, employment or change of address should occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy ACT (32-C) as is required for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of my personal information should be directed to the FOIP Coordinator at The Evergreens Foundation.

That I/we have resided in the Province of Alberta _____ years of my/our life/lives and in The Evergreens Foundation boundaries (Hinton, Edson, Jasper, MD of Greenview No. 16(Grande Cache), Yellowhead County, Parkland County West of the Seba Beach turnoff) for _____ years.

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.

Declared before me in the Town of _____ in the Province of Alberta.

This _____ day of _____, 20_____.

Signature of Commissioner of Oaths

Signature of Applicant

Printed Name of Commissioner of Oaths

Printed Name of Applicant

My appointment expires on: _____
Day/Month/Year

Application date: _____
Day/Month/Year

Commissioner for Oaths Stamp:

