

THE EVERGREENS FOUNDATION
APPLICATION FOR ACCOMMODATION
Social Housing
(CONFIDENTIAL)

THIS APPLICATION WILL NOT 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, Workers' 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 applicant, co-applicant 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

.....
THE EVERGREENS FOUNDATION USE ONLY
.....

Name: _____

Date Received: _____

.....
Please return application to:

Ms. Vivian Williams
Heritage Court
#109, 5238 - 5 Avenue
Edson AB T7E 1R6
PH: 780-723-7117
Fax: 780-712-7457

Applications may also be dropped off to:

The Evergreens Foundation
Head Office
102 Government Rd.
Hinton AB T7V 2A6
PH: 780-865-5444
Fax: 780-865-5401

Sandra Gallimore
Lion's Sunset Manor
110 West Jasper St.
Hinton AB T7V 1X2
PH: 780.865.4762
Fax: 780.865.4764

This information is being collected for the purpose of the application process. All information collected for this purpose will be kept confidential as per the Freedom of Information and Protection of Privacy Act.

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PLEASE PRINT

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

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

Present Address: _____
 (P.O. Box / Apartment No. / Street)

 (Municipality) (Postal Code)

Home Phone: _____ **Cell Phone:** _____ **Email(If Applicable):** _____

2. **Marital Status:** Married Widowed Single
 Separated Common-law Divorced

3. **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? No Yes

If yes, give estimated due date: _____

4. **Are all members listed above Canadian Citizens?** No Yes
If no, provide copies of immigration papers for members who are not Canadian Citizens.

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

6. **Present rent/house payment \$** _____ **Heat \$** _____
Electricity \$ _____ **Water/sewer \$** _____

7. **Name of present landlord:** _____
Address: _____
Phone: _____

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

Name of previous landlord: _____

Address: _____

Phone: _____

Please provide us with authority to contact your present/previous landlords for reference? _____
(applicant's initials)

If no landlord reference is available, **I hereby authorize The Evergreens Foundation to conduct a credit check.** _____

Applicant's initials

8. **Present accommodation:** House Townhouse Apartment
Rooming House Hotel/Motel
Other _____

9. **Rooms in your present accommodation:** Kitchen Living Room Dining Room
of Bathrooms _____ # of Bedrooms _____

10. **Do you share your accommodation with person(s) other than those listed in #4?** 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? No Yes

If yes, specify _____

11. **Is any member of your family disabled?** No Yes

If yes, specify _____

Do you require a accessible unit? No Yes

12. **Do you have a pet?** No Yes **If yes, what?** _____

13. **Have you ever been a recipient of subsidized housing?** No Yes

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

14. **Drivers License No.:** _____

Car – Color/Year/Make/Model/ License No: _____

15. **Assets**

Cash on Hand \$ _____ **Cash in Bank Account \$** _____

Stocks, Bonds, Mutual Funds, etc. \$ _____

Mortgage(s) \$ _____ **Other Assets \$** _____

**Note: Essential personal and household effects such as clothes, furniture, vehicles, etc. are not included in assets.*

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16. **Statement of Income**

**Note: Information regarding family income must be complete 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/Week

Co-Applicant/Spouse: _____

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

Other Household Member: _____

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

Other Household Member: _____

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

May we contact your present/previous employer for reference? No Yes

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17. 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
A. Student Grants/Allowance			
B. Unemployment Insurance			
C. Worker's Compensation			
D. Social Assistance (Family allowance not included)			
E. Assured Income for the Severely Handicapped (AISH)			
F. Child Tax Benefit <i>(under Income Tax Act)</i>			
G. Child Support/Alimony			
H. Other Income (tips, interest, etc.)			
I. Department of Veteran Affairs			
J. Old Age Security			
K. Canada Pension			
L. Guaranteed Income Supplement			
M Alberta Income Supplement			
N. Company or Group Pension			
O. Income from Self Employment			

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

18. Please describe your current situation.

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

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SOCIAL ASSISTANCE VERIFICATION FORM

I, _____, authorize Alberta Human Services to provide the following information to The Evergreens Foundation at the address listed below.

Signature

**For use by applicant's Support Worker. Please ensure that all questions are answered completely.*

1) Type of Assistance (please check one):

_____ Assured Income for the Severely Handicapped
_____ Income Supports

2) Is this individual on short-term _____ or long-term _____ assistance (please explain).

3) Family composition _____ adults _____ dependents.

4) Rental payments are developed in co-operation with Alberta Human Services.

Please provide the following:

Total Income Support Amount: \$ _____

Total Core Shelter Amount: \$ _____

Will this rent amount have the effect of canceling social assistance? _____ Yes _____ No

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

6) Amount of assistance presently being paid: _____

Signature

Printed Name/Position

Date

Phone Number

For more information please contact:
Ms. Vivian Williams
Heritage Court
109, 5238-5 Avenue, Edson, AB. T7E 1R7
PH #: 780-723-7117; Fax: 780-712-7457

The Evergreens Foundation – Head Office
102 Government Rd.
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I understand that this application does not constitute an agreement on the part of the **EVERGREENS FOUNDATION**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the **EVERGREENS 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 hereby authorize the **EVERGREENS 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 **EVERGREENS 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 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
at the _____ of _____
in the Province of Alberta,
this _____ day of _____, 20__

Signature of Applicant

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