



SOCIAL HOUSING APPLICATION FORM

IMPORTANT: PLEASE READ BEFORE COMPLETING APPLICATION

The Application Package:

In addition to this information sheet, this application package contains an application form and several forms regarding income verification. Please be sure to complete the application form in full. You will only need to use the income verification form that applies to your situation (disregard the forms that do not apply to your situation).

General Information:

Wood Buffalo Housing is a public not for profit organization that provides affordable housing to senior citizens, families and individuals. The Property Services Division requires that all information provided is accurate and will be held in confidence.

Housing Options:

Wood Buffalo Housing's portfolio includes one (1), two (2), three (3) and four (4) bedroom units in apartments, townhouses and duplexes suitable for individuals and families. As all units are occupied, your application will be assessed and placed on a waiting list.

Application, Assessment and Verification:

Applications are to be completed and returned **to the Applications Office – 9011-9915 Franklin Ave. (Provincial Building)**. All applications are assessed based on the following:

- 1. Applicants:** An applicant is an adult person 18 years of age or older.
- 2. Annual income of the household:**

Verification **MUST** be provided for everyone who will reside in the unit as follows:

- Assured Income for the Severely Handicapped (AISH) Form
- Employment Verification Form (attached)
- Income Support - Notice of Eligibility
- Student Finance Assistance
- Verification of Child Maintenance or Alimony payments
- E.I. or Workers Compensation
- Canada Pension Plan Verification
- Home Based Business/Taxi Operator Verification

** Additional information may be required.*

3. Size of unit required based on family composition:

In order to determine the size of the household, the number of people who will be residing in the unit must be verified. Verification must be provided as follows:

- Alberta Health Care Cards (or Birth Certificate)
- Driver's License/ Identification Card

** Wood Buffalo Housing & Development Corporation may require a household to provide any information necessary to determine the priority of need for the household.*

4. Total assets of the household:

In order to determine the net worth of the household, all information regarding assets must be provided. This includes leased/owned vehicles, recreational vehicles, RRSPs, savings accounts, and owned properties. Verification must be provided as follows:

- Vehicle Registration
- Lease Agreements
- Mortgage Agreements

5. Condition of present accommodation:

Please see Page 2 of the application. If necessary, please provide additional page(s) with further explanation.

References:

The Social Housing Program is governed by law through the Residential Tenancy Act and the Alberta Social Housing Act. We require references from previous landlords in relation to your ability to pay rent when due and to look after the premises. **Additional references may also be required.*

Selection:

When one of the units become available, the applicant assessed at the highest priority will be contacted.

Updates:

Your application must be updated every **60 days, or your application may be dropped off the waitlist.** To do this you may call or visit the Application's Office.

APPLICATION CHECKLIST		
		<i>WBH Initial</i>
Application: all areas completed and signed	Complete	
Picture ID/Driver's License for all adults on application	Checked	
Alberta Health care cards (minors only)	Checked	
Last three (3) paystubs	Received	
Proof of residence	Received	
Vehicle registration	Checked	
Employment or income verification letter or form	Received	
Proof of status in Canada (birth certificate, citizenship card, refugee status)	Checked	

Office Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.

SOCIAL HOUSING APPLICATION FORM

The following information is strictly confidential.

PERSONAL INFORMATION:

Name of Applicant: (surname) _____ (first name) _____

Birthdate: _____ Sex: _____ S.I.N. _____ (optional)

Marital Status: Married Widowed Divorced Single Separated Common Law

Status in Canada: Canadian Citizen Permanent Resident Refugee Student Visa Work Visa Other

Current Address: _____ How long at this address: _____

Phone (Home): _____ Cell: _____ Work: _____

Preferred Contact #: _____ Preferred Contact Time: _____

Current Employer: _____ How Long: _____ Email Address: _____

Hourly Rate: _____ Hrs. Per Week: _____ Other Income: _____ Shift Rotation: _____
(*Bonus, Tips, LOA, Commission*)

OR Pay Schedule: Weekly Biweekly Monthly Semi-Monthly Annual

CO-APPLICANT INFORMATION:

Name of Applicant: (surname) _____ (first name) _____

Birthdate: _____ Sex: _____ S.I.N. _____ (optional)

Marital Status: Married Widowed Divorced Single Separated Common Law

Status in Canada: Canadian Citizen Permanent Resident Refugee Student Visa Work Visa Other

Are you currently expecting a child? Yes No If yes, what is your due date: _____

Current Address: _____ How long at this address: _____

Phone (Home): _____ Cell: _____ Work: _____

Preferred Contact #: _____ Preferred Contact Time: _____

Current Employer: _____ How Long: _____ Email Address: _____

Hourly Rate: _____ Hrs. Per Week: _____ Other Income: _____ Shift Rotation: _____
(*Bonus, Tips, LOA, Commission*)

OR Pay Schedule: Weekly Biweekly Monthly Semi-Monthly Annual

CONSENT TO COMMUNICATE VIA EMAIL

On July 1, 2014 Canada's anti-spam legislation came into effect. This legislation requires Wood Buffalo Housing to obtain express consent from everyone we communicate with. Therefore, in order to receive any form of email from anyone at Wood Buffalo Housing we need your consent:

I, _____ hereby consent to Wood Buffalo Housing communicating with me via email. My email address is: _____. I am also aware that I can withdraw my consent at any time.

Applicant Signature

Names of Persons Other Than Applicant And/or Co-Applicant Who Will Reside in Unit		Relationship to Applicant	Male/Female	Birthdate (yy/mm/dd)
FAMILY NAME	FIRST NAME			

Are you currently receiving services from any other Agency/Agencies? YES NO

***If you are working with any other agency in the community please attach a letter of support(s)/or consent to release information.**

If yes, which agency/agencies? _____

Have you or other members of your household previously rented from Wood Buffalo Housing/Fort McMurray Housing Authority? Yes No

If yes, what was your address? _____

Pets:

Do you have a pet(s)? Yes No

If yes, what type of pet(s) do you have? _____

PRESENT ACCOMODATION

Own Rent Other _____

If renting:

Name of present landlord: _____

Address: _____

Telephone #: _____

Occupancy Date: _____

Monthly Rental Rate: _____

Monthly Utility Costs – water/sewer (if applicable): _____

Email Address: _____

Do you share your present accommodation with anyone other than those listed above: Yes No

If yes, how many persons share the accommodation with you: Adults _____ Children _____

Type of accommodation (check one): House Basement Suite Trailer Duplex Hotel/Motel
 Apartment Shelter

Rooms in present accommodation: Kitchen Living Room Dining Room ___ #bedrooms ___ # bathrooms

FINANCIAL INFORMATION *(for all household members)*

****Please attach verification**

AISH Alimony Child Support Employment EI No
 Pension Savings Social Assistance Student Loan/Grant WCB
 Other _____

ASSETS *(list all assets – owned, leased, mortgaged)*

Vehicle: Year _____ Make/Model _____ Value \$ _____ Lease or Own _____

Recreational Vehicle: Year _____ Make/Model _____ Value \$ _____ Lease or Own _____

Cash on hand: _____

Cash in bank: _____

Stocks/Bonds: _____

RRSPs: _____ Do you have access to these RRSPs currently? Yes No

Real Estate: Description/Value (\$) _____

OTHER SUPPORTING INFORMATION

Signed at the City of Fort McMurray, in the Province of Alberta this _____ day of _____, 20____.

Applicant's Signature

Applicant's Name (Printed)

Co-Applicant's Signature

Co-Applicant's Name (Printed)

EMPLOYMENT INFORMATION (to be completed by applicant)

Name of Employee: _____ S.I.N.# _____

Address of Employee: _____

Name of Employer: _____ Date Started: _____

Address of Employer: _____

Dear Sir/Madam:

Wood Buffalo Housing, Family Housing Division, is required to verify income for both applicants and present tenants for the purpose of establishing eligibility and determining monthly rent.

The applicant/tenant has indicated that he/she is presently or has been employed by you. Your assistance is requested in completing the information section of this form and returning it to our office. The applicant/tenant has authorized the release of this information as indicated below.

I, (please print) _____, the undersigned, hereby authorize your agency to release any information requested by Wood Buffalo Housing.

Head Office
9011-9915 Franklin Avenue
Fort McMurray, AB T9H 2K4
Telephone (780) 799-4050 Fax (780) 799-4025

Signature (employee)

(Date)

EMPLOYMENT INFORMATION (to be completed by employer)

Position Held: _____

Dates of Employment: (from) _____ (to) _____

Termination Date (if applicable) _____

Income: Gross Monthly Salary _____ Hourly Rate of Pay _____

Hours Per Week (average) _____ Straight Time _____ Overtime _____

Additional Information:

- a) Average tips per week \$ _____
- b) Bonuses or incentive pay received for the past 12 months \$ _____
- c) Commissions received for the past 12 months \$ _____
- d) Fort McMurray allowance \$ _____

Authorized Representative

Telephone Number

Position Held

Date Completed