



# COUNTY OF STETTLER HOUSING AUTHORITY

*“Seniors and Community Housing”*

[www.countyofstettlerhousing.com](http://www.countyofstettlerhousing.com)

Social Housing – Application for Accommodation

**(CONFIDENTIAL)**

**Please Read Instructions for Application Carefully**

Complete ALL questions supplying ALL of the requested information. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information you would like us to be aware of.

You will be required to provide the following:

- A signed letter from the employer of **EACH** working member in your family stating the rate of pay, number of hours worked per week, total earnings, and commencement date of current employment.
- 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. (Form letters can be obtained from the Housing Authority Office.)
- Documentation to verify all other sources of income: i.e. child support, oil royalties, etc. (NOT Family Allowance)
- A copy of your most recent pay cheque, benefit cheque, pension cheques, etc., or a stub from these for each member of your family receiving income from any source.
- A copy of your valid Alberta Health Care card. Copies of any child custody arrangements, if applicable.
- We will contact present and past landlords with regards to your rental history.

Your completed application must be signed in the presence of a Commissioner of Oaths in and for the Province of Alberta. This service is provided at our office without charge.

In order for you to obtain the information we require, your application will be held for two (2) weeks. After two weeks, if the required information is not received, your application will be cancelled, however, it can be reactivated at any time in the following 12 months. It is not necessary to complete another application form.

THIS APPLICATION WILL **NOT** BE PROCESSED UNLESS  
**ALL** QUESTIONS ARE FULLY ANSWERED.

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

\_\_\_\_\_  
(Translator’s Name)

\_\_\_\_\_  
(Translator’s Telephone Number)

**Please return all applications to:** Heart Haven Lodge, 6011-50th Ave. Stettler, AB T0C 2L1  
Housing Administrator: Gord Lough Telephone: 403-740-9224 Fax: 403-742-9221

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**COUNTY OF STETTLER HOUSING AUTHORITY USE ONLY**

Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

APPLICATION FOR ACCOMMODATION – SOCIAL HOUSING  
(CONFIDENTIAL)

Please Print

Note: Please answer **ALL** questions.

1. Applicant's Name \_\_\_\_\_  
(Last) (First)

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Alberta Health Care NO. \_\_\_\_\_

2. Spouse's Name \_\_\_\_\_  
(Last) (First)

Alberta Health Care NO. \_\_\_\_\_

3. MARITAL STATUS: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ How long? \_\_\_\_\_ Common-law \_\_\_\_\_ How Long? \_\_\_\_\_

4. List all persons, including yourself, who will be living with you should your application be approved.

Last Name:	First Name:	Relationship to Applicant:	Birth Date Day/Month/Year	Occupation/School Grade

Is a baby expected? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give estimated due date: \_\_\_\_\_

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

6. Present Address: \_\_\_\_\_  
(P.O. Box/Apartment No./Street)  
\_\_\_\_\_  
(Town/Village) (Postal Code)

When did you move to your present address? \_\_\_\_\_

7. Do you own or rent your present accommodation? Own \_\_\_\_\_ Rent \_\_\_\_\_  
If renting, name of present Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Present rent or house payment is \$ \_\_\_\_\_ per month  
Utility Costs per month: Heat \$ \_\_\_\_\_ per month Lighting \$ \_\_\_\_\_ per month  
Water and Sewer \$ \_\_\_\_\_ per month

8. Is your present accommodation a: House \_\_\_\_\_ Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_  
 Rooming House \_\_\_\_\_ Hotel or Motel \_\_\_\_\_ Other \_\_\_\_\_

9. Rooms in your present accommodation: Kitchen \_\_\_\_\_ Living Room \_\_\_\_\_  
 Number of Bathrooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

10. Do you share any part of the accommodation with person(s) other than those listed in question #3?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_  
 What part of the accommodation is shared? \_\_\_\_\_  
 If you do not pay rent, do you contribute financially? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please specify \_\_\_\_\_

11. Is any member of your family physically handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please specify \_\_\_\_\_  
 Do you require a handicapped unit? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Previous Residential History (beginning with most recent)

Address:	Date moved		Landlord Name & Phone #	Monthly Rent	Reason for leaving
	In	Out			

COUNTY OF STETTLER HOUSING AUTHORITY HAS A **STRICT NO PET** POLICY.

13. Reasons for wanting to move: \_\_\_\_\_  
 If you have been given a "NOTICE TO VACATE", please submit a copy of the notice stating the reason for eviction.

**14. STATEMENT OF INCOME**

**NOTE:** All information regarding your family's income must be complete and accurate, provide details of current employment held in the last twelve (12) months (begin with the most recent employer).

Applicant Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

When did your spouse last work? Month \_\_\_\_\_ Year \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

Other Household Member: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

Other Household Member: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Company Address:	Employed		Rate of Pay Gross		Hours Per Week
	From	To	Monthly	Hourly	

Have you received any other sources of income in the past twelve (12) months?  
 (Please indicate if not applicable – N/A)

SOURCE OF INCOME	NAME OF FAMILY MEMBER IN RECEIPT	DATE FROM/TO		GROSS MONTHLY INCOME
<b>A. Student Grants/Allowance</b>				
<b>B. Unemployment Insurance</b>				

<b>C. Workers' Compensation</b>					
<b>D. Social Assistance</b> (Not Family Allowance)					
<b>E. Child Support/Alimony</b> (Voluntary or Court Award)					
<b>F. Other Income</b> (Tips, Interest, Royalties, Etc)					
<b>G. Pensions:</b> 1. Canada Pension (Retirement, Widow & Orphan Benefits)					
<b>SOURCE OF INCOME</b>	<b>NAME OF FAMILY MEMBER IN RECEIPT</b>	<b>DATE FROM/TO</b>		<b>GROSS MONTHLY INCOME</b>	
<b>G. Pensions:</b> 2. Old age security					
<b>G. Pensions:</b> 3. Department of Veteran Affairs					
<b>G. Pensions:</b> 4. Guaranteed Income Supplement					
<b>G. Pensions:</b> 5. Alberta Income Supplement					
<b>G. Pensions:</b> 6. Company or Group Pension					
<b>H. Income From Self Employment:</b>					

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

15. ASSETS

Cash on Hand \$ \_\_\_\_\_ Bank Account \$ \_\_\_\_\_  
 Stocks, Bonds, Mutual Funds, etc. \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_ Mortgage(s) \$ \_\_\_\_\_ Other Assets \$ \_\_\_\_\_

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

16. DRIVER'S LICENCE NUMBER \_\_\_\_\_

Car – Year/Make/Model: \_\_\_\_\_

Car – Color/Licence No: \_\_\_\_\_



I understand that this application does not constitute an agreement on the part of the COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, to provide me with rental accommodation.

I further acknowledge the right of the COUNTY OF STETTLER HOUSING AUTHORITY, 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 COUNTY OF STETTLER HOUSING AUTHORITY, or its agents, in writing, 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 COUNTY OF STETTLER HOUSING AUTHORITY, 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