PO Box 1765
Wabasca, AB T0G 2K0

WABASCA/DESMARAIS
HOUSING AUTHORITY

TEL: (780) 891-2985
FAX: (780) 891-2919

APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING FOR SENIORS

PLEASE CAREFULLY READ INSTRUCTIONS FOR COMPLETING APPLICATION

Complete all questions and supply all 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:

- Tax Return Information -Notice of Assessment
- Photocopy of government issued identification.
- If you or co-applicant are receiving social assistance.
- Emergency contact information-included in the application.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

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APPLICATION FOR ACCOMMODATION-COMMUNITY HOUSING FOR SENIORS

Confidential

PLEASE ANSWER ALL QUESTIONS AND SIGN THE APPLICATION

PLEASE PRINT:

1. Applicant: _____
(Last Name) (First Name)

Date of Birth:_____ Age:_____

2. Home Phone:_____ Cell Phone: _____

Address: _____
(P.O. Box Number, Town, Postal Code)

_____
(Email Address)

3. Co-Applicant: _____ _____
(Last Name) (First Name)

Date of Birth:_____ Age:_____

4. Applicant Marital Status: Single □ Married □ Widowed □
Divorced □ Separated □ Common-Law □

5. Applicant's Emergency contact Name:_____

Relationship to applicant:_____

Phone number:_____

6 Applying for what location: Wabasca ⬭ Sandy Lake ⬭ Calling Lake ⬭

7. How long have you lived in the community? _

8. Are you a Canadian Citizen? No □ Yes □

9 Present accommodation? _____

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10. Did you own a home before? Yes or No, if yes, what happen to it?_____

_____

11. Do you require a handicapped unit? No □ Yes □

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

13. Please feel free to describe your present accommodation and any information you would like the Wabasca/Desmarais Housing Authority to be aware of. This space is provided for you to explain your reasons for applying for Community Housing and will assist us in the review of your application.

_____

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_____

I understand that this application does not constitute an agreement on the part of the Wabasca/Desmarais Housing Authority, or its agents, to provide me with rental accommodation.

I agree that the information provided by me pertains to all persons named within this application.

_____ _____
(Applicant Print) (Signature)

_____ _____
(Co-Applicant Print) (Signature)

Please be advised that we only keep applications active for one (1) year. If after one year you still have not received Community Housing you will be required to reapply